

**PROFIT
CORPORATION
ANNUAL REPORT**

2001



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000032534

1. Corporation Name

AERONAUTICA, INC.

FILED

01 JUN 19 AM 10:34

 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

 6501 N.W. 36th St.
Suite 303
Miami, FL 33166

Mailing Address

 9990 S.W. 77th Avenue
Suite 330
Miami, FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3/20/00

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

 John A. Margolis, Esq.
Suite 330, 9990 S.W. 77 Avenue
Miami, FL 33156

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

 TITLE P/D Felix M. Fernandez ☐ DELETE
NAME
6501 N.W. 36th St. Suite 303
STREET ADDRESS
Miami, FL 33166
CITY-ST-ZIP

 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

 2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
500004458565--6
-07/05/01--01003--018
****550.00 ****550.00

 3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

 4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

 5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

 6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Felix M. Fernandez

6/11/01

786-265-0297

Date

Daytime Phone #

CR2E034 (11/98)