

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P93000004518 (5)**

1. Corporation Name

AERO COMPOSITE INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

4211 SW 74TH AVE
MIAMI FL 33155

4211 SW 74TH AVE
MIAMI FL 33155

3. Date Incorporated or Qualified

01/21/1993

3a. Date of Last Report

08/11/1994

2. Principal Place of Business

2a. Mailing Address

21 5700 NW 36TH ST

26 P O Box 660146

22 Suite, Apt #, etc

27 Suite, Apt #, etc

City & State

23 MIAMI FL

City & State

28 Miami Springs FL

24 ZIP

33152

25 Country

USA

29 ZIP

33266-0146

30 Country

USA

4. FEI Number

65-0386866

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

FRADE, CARLOS G
4211 SW 74TH AVE
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name **Eike Garofalo**
82 Street Address (P.O. Box Number is Not Acceptable) **6039 Collins Ave**
83 **Ste # 936**
84 City **Miami Beach** FL 85 Zip Code **33140**

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]

Eike Garofalo

4/15/95

(Type or printed name of registered agent and title of officer)

(NOTE: Registered Agent signature required after registration)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSD
NAME	GAROFALO, FIDEL
STREET ADDRESS	4211 SW 74TH AVE
CITY, ST, ZIP	MIAMI FL 33155
TITLE	VTD
NAME	FRADE, CARLOS G
STREET ADDRESS	4211 SW 74TH AVE
CITY, ST, ZIP	MIAMI FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE		ADDITION
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
15 TITLE	VMD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	GAROFALO, ISABEL	
17 STREET ADDRESS	6039 Collins Ave #936	
18 CITY, ST, ZIP	MIAMI BEACH, FL 33140	
19 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
20 NAME	GAROFALO, EIKE	
21 STREET ADDRESS	6039 Collins Ave #936	
22 CITY, ST, ZIP	MIAMI BEACH, FL 33140	
23 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME		
25 STREET ADDRESS		
26 CITY, ST, ZIP		
27 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME		
29 STREET ADDRESS		
30 CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and claims not qualify for the exemption stated in Section 119.01(3)(b), 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 1, 2 or Block 13 of this report, along with an attachment with an address.

SIGNATURE:

[Signature]

(Type or printed name of signing officer or director)

4/21/95

305-891-5400