

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000072440 (9)

1. Corporation Name  
AERI PAE MD P.A.



Principal Place of Business

Mailing Address

151 N.W. 11TH STREET  
SUITE E-2028  
HOMESTEAD FL 33030

151 N.W. 11TH STREET  
SUITE E-2028  
HOMESTEAD FL 33030-4350

2. Principal Place of Business

2a. Mailing Address

21 1139 North Krome Ave

26 1139 North Krome Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Homestead, FL

28 Homestead, FL

Zip

Country

Zip

Country

24 33030

25 Dade

29 33030

30 Dade

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
10/08/1993

3a. Date of Last Report  
04/04/1996

4. FEI Number  
65-0477567

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 s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

PAE, AERI  
151 N.W. 11TH STREET  
SUITE E-2028  
HOMESTEAD FL 33030

81 Name

AERI PAE

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

83 1139 North Krome Ave

84 City

Homestead

FL

85 Zip Code

33030

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

5-1-97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME PAE, AERI  
STREET ADDRESS 1895 S.E. 6TH CT.  
CITY-ST-ZIP HOMESTEAD FL 33030

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 DIP ☒ Change ☐ Addition  
1.2 NAME PAE, AERI  
1.3 STREET ADDRESS 1139 North Krome Ave  
1.4 CITY-ST-ZIP Homestead, FL 33030

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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 do 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.

SIGNATURE

PAE, AERI  
Dade

5-1-97 3052118A00

CR2E034 (9/96)