FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000087019 (4)**

1. Corporation Name

AMERICAN AVIATION & MAINTENANCE, CORPORATION

Principal Place of Business:

6929 NW 46 ST
MIAMI FL 33166

Mailing Address:

6929 NW 46 ST
MIAMI FL 33166

3. Date Incorporated or Qualified: **12/15/1993**

3a. Date of Last Report: **05/01/1995**

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

4. FEI Number: **65-0482920** ☐ 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

9. Name and Address of Current Registered Agent

SIEGMEISTER, RICHARD
2665 S. BAYSHORE DR.
SUITE #1100
COCONUT GROVE FL 33133

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 Section 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: *Richard A Siegmeister* DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	**DCEO** ☒ DELETE	1 TITLE	☐ Change ☐ Addition
1 NAME	**FOX. E.J.**	1 NAME	
1 STREET ADDRESS	**6929 N.W. 46 ST.**	1 STREET ADDRESS	
1 CITY-ST-ZIP	**MIAMI FL**	1 CITY-ST-ZIP	
2 TITLE	~~DT~~ *DCEO* ☐ DELETE	2 TITLE	☐ Change ☐ Addition
2 NAME	**SIEGMEISTER, L.J.**	2 NAME	
2 STREET ADDRESS	**6969 NW 46TH ST.**	2 STREET ADDRESS	
2 CITY-ST-ZIP	**MIAMI FL**	2 CITY-ST-ZIP	
3 TITLE	*DIRECTOR* ☐ DELETE	3 TITLE	*DIRECTOR* ☐ Change ☒ Addition
3 NAME	*PHILLIP SBROLLA*	3 NAME	*PHILLIP SBROLLA*
3 STREET ADDRESS	*6969 N.W. 46ST.*	3 STREET ADDRESS	*6969 NW. 46ST.*
3 CITY-ST-ZIP	*MIAMI, FL. 33166*	3 CITY-ST-ZIP	*MIAMI, FL. 33166*
4 TITLE	☐ DELETE	4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY-ST-ZIP		4 CITY-ST-ZIP	
5 TITLE	☐ DELETE	5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY-ST-ZIP		5 CITY-ST-ZIP	
6 TITLE	☐ DELETE	6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY-ST-ZIP		6 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, furnished and 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: *Richard A Siegmeister* *Philip A Sbrolla* *1/29/96*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE