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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

P9400005619 (9)

AIRCRAFT CONSULTANT ENGINEERING, INC.

FILED Mar 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								i ikājikāj liā lain sibil ģbili bā	iii Gālii abiii bi	DIĞI BILLIŞ BILD	ı ildiğ iğil iğği	
122 N.W. 21ST AVE. MIAMI FL 33125			122 N.W. 21ST AVE. MIAMI FL 33125					DO NOT WO	TE IN TURO /	204.05		
							-	DO NOT WRI 3. Date incorporated or Qualified 01/13/1994		SPACE		
	Place of Business	26	. Mailing Address				7	4. FEI Number		A	pplied For	
21			3					65-0470021			lot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		Fee R	Additional lequired		
City & State			City & State			•	6. Election Campaign Financing	r-1		May Be		
Zip	Count	28	Zip	Col	untry		- -	Trust Fund Contribution	noid the our		to Fees	
24	25	29		30			'	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				
		ess of Current Regis	stered Agent	11			10	0. Name and Address of New I		Agent		
	SANS, RAFAEL J				81	Nam	e		•		· ·	
122 N.W. 21ST AVE.			82 St			Stree	t Address	(P.O. Box Number is Not Accept	able)			
ı	MAMI FL 33125											
					83							
					64	City				85 Zip	Code	
dd Diggiant	to the provisions of Cos	tions 607 REDS and 6	07 1500 Florido Statu	too the -			er anemanat	tion outs this statement for the	FL	abasalas.	in registered	
office or I	registered agent, or bot	h. in the State of Flori	da. Such change was	authorize	d hv	the co	orporation's	tion submits this statement for the s board of directors. I hereby acc	ept the app	ointment as	registered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE												
12.		HE OF REGISTORIES AND DIRE		TE: Registere	d Age	nt signati	re required wh	ADDITIONS/CHANGES TO OFF	DATE	OIDECTO	DC IN 12	
TITLE	PSTD	ATTOLITS AND DINE	DELETE	1.1 T	TI F		Т	ADDITIONS/CHANGES TO OFF	TOENS AND	Change	Addition	
NAME	SANS, RAFAEL	J	_	1.2 N			•					
STREET ADDRESS	122 N.W. 21ST					ADDRESS	.					
CITY-ST-ZIP	MIAMI FL 33125				TY-S1							
TITLE		· · · · · · · · · · · · · · · · · · ·	☐ DELE TE	2.1 T(······································		Change	Addition	
NAME				2.2 N	AME							
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CITY-ST-ZIP				2.40	aty-s	T-ZIP						
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CITY-ST-ZIP				3.4. 0	ITY-S	T-ZIP	ļ					
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NAME				. 4.2 N	AME						ŀ	
STREET ADDRESS				4.3 S	AEET A	address	:					
CITY-ST-ZIP				4.4 C	<u> TY-SI</u>	-ZIP	<u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·		
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NAME				5.2 N	ME							
STREET ADDRESS				5.3 S	REET	AODRESS	1				-	
CITY-ST-ZIP				5.4 CI		- ZIP	 					
TITLE			DELETE	6.1 TI			1			∐ Change	Addition	
NAME				6.2 N								
STREET ADDRESS				6.3 \$1	REET	ADDRESS	1					
CITY-ST-ZIP	Table 1 de la constitución de la	Comment of according	(Co		TY-ST			ion 440 07(0)(i) Elevido Canadas	16 41	116 11 11 11	·	

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 informatio 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.