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

PROFIT **CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400007142 (0)

AERO EXCEL INTERNATIONAL CORP.

FILED 97 JUL -8 AM 9: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business 7967 NW 52 ST MIAMI FL 33186	Mailing Address 7867 NW 52 ST MIAMI FL 33166-4738				
				3. Date Incorporated or Qualified 01/20/1994	3a. Date of Last Report 04/02/1996
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26			65-0461599	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be
23	28			Trust Fund Contribution	Added to Fees
Zip Country	Zip			8. This corporation has liability for	intengible tax under s. 199.032,
24 25	29	30		Florida Statutes Yes No	
g, Name and Address of Current	Registered Agent		ı	10. Name and Address of New Re	egistered Agent
RIVERA, JOSE		81			
7867 NW 52 STREET		82	Street Add	dress (P.O. Box <b>plumbar is Net Asecole</b> -07/11/	Ne) 11-14 7 1-4
MIAMI FL 33166	•	83			9701112010
					5.UU ****165.UU
		84	City		FL 85 Zip Code
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligations SIGNATURE     Signature, typed or printed name of registered agent.	of Florida, Such change was tions of, Section 607.0505, F m and title if applicable (NC	authorized b forida Statute	the corpora	ation's board of directors. I hereby acce	pt the appointment as registered
12. OFFICE RS AND		13.	<del></del>	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12  Change Addition
NAME RIVERA JOSE	☐ DELETE	1.1 TITLE		VP/D	Change Addition
TAAT MIM EA OT	7867 N.W. 52 ST MIAMI FL  1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 TITLE 2.2 NAME		ADDOCCO TO	1ASSALLO, VICTOR 1867 NW 52 STREE	T
ADALAI EI			AUDITES	1867 / W 32 5166	·
CITY-ST-ZIP MIAMI FL			01-207	MIAMI, FL 33166	Change Addition
NAME					_ • _
STREET ADDRESS			ADDRESS	•	
CITY-ST-ZIP			ST - 7iP		
TITLE					Change Addition
NAME •		3.2 NAME			
STREET ADORESS		3.3 STREE	ADDRESS		
CITY-ST-ZIP		3.4. CITY-	S1-2(P		
TITLE *	☐ DELETE	4.1 TITLE			Change Addition
NAME		4. 2 NAME			
STREET ADDRESS			ADDRESS		
CITY-ST-ZIP	DELETE	4.4 CHTY-1	31 - ZIP		Change Addition
TITLE		5.1 TITLE			Change L. Addition
NAME CONTRACTOR ADDRESS .		5.2 NAME	ADDDCCC		
STREET ADDRESS			ADDRESS		
CITY-ST-ZIP TITLE	DELETE	5.4 CHY-1 6.1 THLE	ol · Ilt.		Change Addition
NAME		6.2 NAME		,	
STREET ADDRESS		6.3 STREE	ADDRESS	1	777
CITY-ST-ZIP		6.4 CITY-1		(	$\Psi$

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 eath; 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 it changed, or on an attachment with an address.