

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 10: 22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000020824 (6)

1. Corporation Name

AEROSMITH AVIATION GROUP, INC.

Principal Place of Business

**9511 FOUNTAINBLEAU BLVD.
UNIT 207
MIAMI FL 33172**

Mailing Address

**9511 FOUNTAINBLEAU BLVD.
UNIT 207
MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/17/1994

3a. Date of Last Report

2. Principal Place of Business

21 4625 NW 99 AVE

2a. Mailing Address

26

Suite, Apt. #, etc.

22 206

Suite, Apt. #, etc.

27

City & State

23 MIAMI FL

City & State

28

Zip

24 33178

Country

25 USA

Zip

29

Country

30

4. FEI Number

650476297

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

**LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

PAUL C. ROSA

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

4625 NW 99 AVE #206

83

84 City

MIAMI

FL

85 Zip Code

33178

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

X Paul F. Rosa PRES.

(NOTE: Registered Agent signature required when reappointing)

3/9/95

DATE

12. OFFICERS AND DIRECTORS

**TITLE P
NAME ROSA, PAUL F
STREET ADDRESS 9511 FOUNTAINBLEAU BLVD., UNIT 207
CITY - ST - ZIP MIAMI FL 33172**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 4625 NW 99 AVE #206
1.4 CITY - ST - ZIP MIAMI, FL 33178**

☐ Change ☐ Addition

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP**

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

X Paul F. Rosa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/95 (805) 870-0778

Date

Telephone Number