

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000022346 (8)**
1. Corporation Name

AEROMODEL INT'L TECH SERVICE, INC.



Principal Place of Business: **1454 N.W. 21ST STREET MIAMI FL 33142**
Mailing Address: **1454 N.W. 21ST STREET MIAMI FL 33142**

3. Date Incorporated or Qualified: **03/22/1994**
3a. Date of Last Report: **07/17/1995**

2. Principal Place of Business (21-23) and Mailing Address (24-26) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **65-0476368**
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
**DA ROCHA J. FRANCA
1454 N.W. 21ST STREET
MIAMI FL 33142**

10. Name and Address of New Registered Agent (81-84) and Zip Code (85)

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 agree to the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **6/8/96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DA ROCHA, JOSE FRANCA	
STREET ADDRESS	4290 NW 37 COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 NAME	
22 STREET ADDRESS	
23 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 NAME	
32 STREET ADDRESS	
33 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 NAME	
42 STREET ADDRESS	
43 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 NAME	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 NAME	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **6/8/96 (305) 547-1111**

CR2E034 (3/96)