SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000022346 (8)

AEROMODEL INT'L TECH SERVICE, INC.

Principal Place of Business

Mailing Address

APPROVED AND FILED

97 OCT -6 AM 8:57

SECRETARY OF STATE TALLAHASSEE, FLORIDA



1454 N.W. 218T STREET MIAMI FL 33142		1454 N.W. 21ST STREE MIAMI FL 33142	1454 N.W. 21ST STREET Miami Fl 33142			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	3a. D	ate of Last F	Report
						03/22/1994	l na	/17/1996	t l
2. Principal P	ace of Businoss	2a. Mailing Address	2a. Mailing Address			4. FEI Number		A	pplied For
21		26				65-0476368		N	ot Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	П	\$8.75	Additional
22]		27				or definitions of status (Sesting)		Fee R	equired
City & State	9	<u></u>	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28	· • · · · · · · · · · · · · · · · · · ·			Trust Fund Contribution	<u> </u>		to Fees
Zip	Country	Ζφ	Countr			8. This corporation owes or has pai			
24	9. Name and Address of Curre	29				Personal Property 1 ax due June 30. Yes No 10. Name and Address of New Registered Agent			
		in nogistorou Agent		81	Name	10. Name and Address of New He	Jistereu	Agent	
	ROCHA J. FRANCA								
	4 N.W. 21ST STREET		82 Street Ad			ddress (P.O. Box Number is Not Acceptable)			
MIA	MI FL 33142			83			11	DE A	
				03		-10/09/3	370	1065	010 🗀
				84	City	****50	<u>) na </u>	## #	
11. Pursuant t	o the provide A o of Continue COZAC	00 007 4500 51					FL		
office or re	egistered agort, or both, in the Stat	p of Florida, Such change was	authorized	d by	the corpora	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of tithe app	changing i ointment as	ts registered realstered
		hations of, Section 607.0505, F	lorida Stat	utes			• •		
SIGNATURE .	Signature, typed or physic in Vita of registered as	ger and title diapphoable (NC	TI Final Land			uired when roinstating)			
12.		ND DIRECTORS			nt signature requ		DATE		20 IN 10
TITLE	D	DELETE	1,1 10	I LÉ		^ADDITI 0449 МРЕЯТ9 2 658 -10/09/9		Change	Addition
NAME	DA ROCHA, JOSE FRANCA		1.2 NAME			-10/09/3	17U	1065-1]]]
STREET ADDRESS	4290 NW 37 COURT		1.3 STREE		#UUBEGG	****250).00	米米米米2	50.UU
CITY-ST-ZIP	MIAMI FL		1.4 C						
TITLE	1110	DELETE						☐ Change	Addition
NAME		_	22 NAME						7.00/10/1
STREET ADDRESS			2 3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP						
TITLE		DELETE			(-4/1			Change	Addition
NAME		_	3.2 NAMI						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP						
TITLE		DELETE	4.1 1(1					Change	Addition
NAME			4. 2 NA						
STREET ADDRESS	•				ADDRESS				
CITY-SI-ZIP			4.4 CIT						
TITLE	*** *****	DELETE	5.1 1/1					Change	Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 STREET ADDRESS		ADDRESS	Λ	_		
CITY-ST-ZIP			5.4 CITY-ST-ZIF'			(1.796	11/1/2		i
TITLE		DELETE	6.1 7/7			<u> </u>	l 1	☐ Change	Addition
NAME			6.2 NA	ME		f(I)	619	7	
STREET ADDRESS			1		ADDRESS	19	4/ L	7	
CITY-ST-7/P			6.4 CII			•	į		

I. 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 Statules. 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 of instee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changerill or on an attangency with an address.