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Mar 01, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400062957

Corporation Name

AIRCRAFT MODIFICATIONS & ENGINEERING, INC.

				I 400113001 )(U 10141 DIU11 UU)(I	. 30114 03141 08410 841	18 (IBIN IBIN)	
Principal Place of Business		Mailing Address					
4471 N.W. 36TH ST 4471 N.W. 36TH ST							
SUITE 231		SUITE 231 MIAMI FL 33166		DO NOT W	DO NOT WRITE IN THIS SPACE		
MIAMI FL 33166					3. Date Incorporated or Qualifed		
				08/25/1994			
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number		Ap	plied For
21 447/	NW 36 STREET	26 447/ NW 36	STREET	65-0514674		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	X	\$8.75 A	
22 SUITE	£ 224	27 Suite 224		5. Certificate of Status Desired		Fee Re	quired
City & State		City & State		6. Election Campaign Financin	g $\square$	\$5.00	•
23 M/A/		28 MIAMI FL		Trust Fund Contribution		Added t	o Fees
ー Zip	Country	I F	ountry	8. This corporation owes the co		_	□No
24 33/6		29 33/66 30	USA	Personal Property Tax.  10. Name and Address of Nev		Yes	[_]NO
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of Nev	r Kegistered Ag	Atti	
SANI	DRI. DAVID M			DAVID M. SANDRI			
4471 N.W. 36TH ST.,			82 Street Ac	idress (P.O. Box Number is Not Acce	ptable)		
SUITE 231			83	1471 NW 36 STREE	<u> </u>		
	MI FL 33166	-	63	SUITE 224			
MIN	WI FE 33 100		84 City	•		85 · Zip (	Code
				niami	FL	3	3 <i>/6</i> 6 ∣
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the	above-named co ed by the corpor	orporation submits this statement for the ation's board of directors. I hereby acc	ne purpose of cha	anging its nent as re	registered gistered
agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the Sigte om familiar with, and accept the poligation	ons of, Section 607.0505, Florida Sta	atutes.		1.1	_	•
SIGNATURE			E PRSIDEN	<i>J</i> T	<u> </u>	<u> 19                                    </u>	
	Signature, typed or printed name of registered agent		ed Agent signature requ		DATE /	DIDECTO	DC IN 42
12.	OFFICERS AND			PRESIDENT (P)		Change	Addition
TITLE	PD		TITLE	JULIO A. MERCADO	•	Containge	
NAME	MERCADO, JULIO A		NAME	4471 NW 36 STREET,	SuitE 22	4	
STREET ADDRESS	4471 N.W. 36TH ST.,STE. 231		į		30.1.2		
CITY-ST-ZIP	MIAMI FL 33166		CITY-ST-ZIP	MIAMI, FL 33/66	r	Change	Addition
TITLE	VD		TITLE	VICE PRIDERT (VD)			L Addition
NAME	SANDRI, DAVID M		NAME	DAVID M. SAMORI 4471 NW 36 STREET,	SUITE 221	<b>∤</b>	
STREET ADDRESS	4471 N.W. 36TH ST.,STE.231	2.3	STREET ADDRESS	4471 NW 36 31/6211			
CITY-ST-ZIP	MIAMI FL 33166			miami FL 33/66		-7 Change	Addition
TITLE		_	TITLE		L	Change	
NAME		3.2	NAME				
STREET ADDRESS		33	STREET ADDRESS				
CITY-ST-ZIP			. CITY-ST-ZIP		<del></del>		
TMLE		☐ DELETE 4.1	TITLE		L	Change	Addition
NAME		4. 2	NAME				
STREET ADDRESS		4.3	STREET ADDRESS		•		
CITY-ST-ZIP	i		CITY-ST-ZIP		<del></del>		
TITLE			TITLE		E	Change	☐ Addition
NAME			NAME				
STREET ADDRESS		5.3	STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		C Diff.	TITLE		Γ	Change	☐ Addition
NAME		6.2	NAME				
0TDEET + DBDE00		63	STREET ADDRESS				

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ALL TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99

302-863-8638