

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 # P94000063462 (3)

1. Corporation Name

ABS AERO SUPPLIES, INC.



Principal Place of Business

Mailing Address

2150 NORTHEAST 207 STREET  
NORTH MIAMI BEACH FL 33179

2150 NORTHEAST 207 STREET  
NORTH MIAMI BEACH FL 33179

2. Principal Place of Business

21 513 PONCE DE LEON

Suite, Apt. #, etc.

BLVD

22 City & State

23 CORAL GABLES FLA 33134

24 33134

Country

2a. Mailing Address

26 513 PONCE DE LEON BLVD

Suite, Apt. #, etc.

27 City & State

28 CORAL GABLES FLA - 33134

Zip

Country

3. Date Incorporated or Qualified

08/29/1994

3a. Date of Last Report

10/09/1995

4. FEI Number

65-0516313

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

KAPUR, ANUJ  
2150 NE 207TH STREET  
NORTH MIAMI SPRINGS FL 33179

10. Name and Address of New Registered Agent

81 Name

KAPUR ANUJ

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

513 PONCE DE LEON BLVD

83

CORAL GABLES

84 City

FL

85 Zip Code

33134

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

Signature (typed or printed name of registered agent and title if applicable)

(If the Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME

P

KAPUR, ANUJ

STREET ADDRESS

2150 NE 207TH STREET

CITY - ST - ZIP

NORTH MIAMI BEACH FL 33179

1.2 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.3 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.7 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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: ANUJ KAPUR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-17-96

DATE

DATE OF FILING

CR2E034 (3/96)