

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 # P94000084443 (8)

1. Corporation Name:

AEROSPACE DIALS, INC.



Principal Place of Business

Mailing Address

5355 N.W. 36TH STREET
MIAMI FL 33166

5355 N.W. 36TH STREET
MIAMI FL 33166

2. Principal Place of Business

2a. Mailing Address

21 1375 NW 97th AV

26 1375 NW 97th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 6

27 # 6

City & State

City & State

23 MIAMI, FL

28 MIAMI

Zip

Country

Zip

Country

24 33172

25 US

29 33172

30 US

9. Name and Address of Current Registered Agent

BATISTA, RUBEN
5355 N.W. 36TH STREET
MIAMI FL 33166

3. Date Incorporated or Qualified
11/18/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0541098

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

10. Name and Address of New Registered Agent

81

Name

Ruben Batista

82

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

1375 NW 97th AVE.

83

84

City

MIAMI

FL

85 Zip Code

33172

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 (Type or print name of registered agent and the applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME
STREET ADDRESS
CITY - ST - ZIP
BATISTA, RUBEN
5355 N.W. 36TH STREET
MIAMI FL 33166

TITLE ☐ DELETE

D
NAME
STREET ADDRESS
CITY - ST - ZIP
BATISTA, JOAQUIN
5355 N.W. 36TH STREET
MIAMI FL 33166

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

P
NAME
STREET ADDRESS
CITY - ST - ZIP
BATISTA, RUBEN
1375 N.W. 97th AVE
MIAMI, FL 33172

☐ Change ☐ Addition

V
NAME
STREET ADDRESS
CITY - ST - ZIP
BATISTA, JOAQUIN
1375 N.W. 97th AVE
MIAMI, FL 33172

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

NAME
STREET ADDRESS
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:

Ruben Batista

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-96

Date

(305) 871-7970

Telephone Number

CR2E034 (3/96)