

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P 95000020897

1. Corporation Name

AIMPOINT CORPORATION

Principal Place of Business

Mailing Address

2. Principal Place of Business
21 **1030 N.E. 209 TERR**
Suite, Apt # etc
22
City & State
23 **N. MIAMI BEACH**
Zip
24 **33179**
Country
25 **DADE**
26 **2742 BISCAYNE BLVD.**
Suite, Apt #, etc
27
City & State
28 **MIAMI FL**
Zip
29 **33137**
Country
30 **DADE**

3. Date Incorporated or Qualified **3/14/95**
3a. Date of Last Report **N/A**
4. FEI Number **65-0567618**
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name **VALERIA WOLBERG**
82 Street Address (P.O. Box Number is Not Acceptable)
1030 N.E. 209 TERR
83
84 City **N. MIAMI BEACH** **FL** 85 Zip Code **33179**

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, 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

VALERIA Wolberg

12. OFFICERS AND DIRECTORS

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
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

1.1 TITLE **PRESIDENT /DIRECTOR** ☒ Change ☒ Addition
1.2 NAME **VALERIA WOLBERG**
1.3 STREET ADDRESS **1030 N.E. 209 TERR**
1.4 CITY, ST, ZIP **N. MIAMI BEACH, FL 33179**
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
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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VALERIA Wolberg

4-28-96

Date

Expiration Date

CR2E034 (12/95)