FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90013 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000032187

1. Corporation Name

AEROLIGHT U.S.A., INC.

	•				
Principal Place	e of Business	Mailing Address			i idelität ita jatar alki antii antii datti datti batti kaat yoo totti teet taet
1355 NW 93RD COURT 1355 NW 93RD COURT UNIT A-105 UNIT A-05					DO NOT WRITE IN THIS SPACE
MIAMI FL 33172 MIAMI FL 33172					3. Date Incorporated or Qualifed
					04/24/1995
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21	_				65-0578867 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State City & State					6. Election Campaign Financing S5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the current year Intangible
24	25	29 30]		Personal Property Tax. Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
,			8.	1 Name	e
CAS	AUDOUMECQ, JAVIER		8:	2 Strant	t Address (P.O. Box Number is Not Acceptable)
1355 NW 93RD COURT			84	Sueet	R Address (F.O. Box Number is Not Acceptable)
UNIT	A-105		8:	3	
MIAM	/II FL 33172		L		loe 7in Code
			84	4 City	FL 85 Zip Code
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	t and title if applicable (NOTE: Re	nistered Ac	ent signature d	e required when reinstating)
	OFFICERS AN	 	13.	ork organization	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1,1 TITLE		☐ Change ☐ Addition
NAME	CASAUDOUMECQ, JAVIER	_	1.2 NAME		
	1355 NW 93RD COURT UNIT	A. 105		ET ADDRESS	s
STREET ADDRESS		1100			
CITY-ST-ZIP	MIAMI FL 33172	☐ DELETE	1.4 CITY- 2.1 TITLE		☐ Change ☐ Addition
TITLE	D		2.2 NAME		
NAME	CASAUDOUMECQ, JOSE	4 405			
STREET ADDRESS	1355 NW 93RD COURT UNIT	4-105		ET ADDRESS	,
CITY-ST-ZIP	MIAMI FL 33172	☐ DELETE	2. 4 CITY-		☐ Change ☐ Addition
TITLE		□ pece ie	3.1 TITLE		
NAME		4	3.2 NAME		_
STREET ADDRESS				ET ADORESS	s, .
CITY-ST-ZIP	<u> </u>	☐ DELETE	3.4 CITY		Change Addition
TITLE		C) DECEIE	4.1 TITLE		- Ontarigo - Industrial
NAME			4. 2 NAM		
STREET ADDRESS			4.3 STRE	ET ADDRESS	S
CITY-ST-ZIP			4.4 CITY-		☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			ľ	ET ADDRESS I	SI
CITY-ST-ZIP			5.4 CITY-		Down Dates.
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STRE	ET ADDRESS	s

CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

SIGNATURE: