

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

904 - 682-9000

1-

DOCUMENT # P95000060228 (0)

1. Corporation Name

AERO PARTS SUPPORT U.S INC.



Principal Place of Business Mailing Address
999 S. BAYSHORE DRIVE #2004 MIAMI FL 33131
999 S. BAYSHORE DRIVE #2004 MIAMI FL 33131

3. Date Incorporated or Qualified	3a. Date of Last Report
07/17/1995	
4. FBI Number	Applied For
65-0584790	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 adopted, for filing the tax under s. 193.032, Florida Statutes	☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MESIA, JAIME J 999 S. BAYSHORE DRIVE #2004 MIAMI FL 33131	81 Name PLO, ELISA 82 Street Address (P.O. Box Number is Not Acceptable) 999 S. Bayshore Dr. # 2004 83 84 City MIAMI FL 85 Zip Code 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, and 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 607.1506, Florida Statutes.

SIGNATURE PLO, ELISA *[Signature]* Aug-15-1996 APRIL-20-96

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	D/P
NAME	MESIA, JAIME J	2. NAME	DARGENA, HECTOR
STREET ADDRESS	999 S. BAYSHORE DRIVE #2004	3. STREET ADDRESS	999 S. Bayshore Dr. # 2004
CITY-ST-ZIP	MIAMI FL 33131	4. CITY-ST-ZIP	MIAMI FL 33131
TITLE		5. TITLE	
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY-ST-ZIP		8. CITY-ST-ZIP	
TITLE		9. TITLE	
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE		13. TITLE	
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE		17. TITLE	
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. 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; that the receiver or trustee empowered to file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on the attachment with an address.

SIGNATURE: *[Signature]* APRIL-20-96, (805) 3719997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)