

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000077106 (9)**

1. Corporation Name
AEROREP, INC.



Principal Place of Business 2507 N.W. 72ND AVENUE MIAMI FL 33122	Mailing Address 2507 N.W. 72ND AVENUE MIAMI FL 33122-1303
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3. Date Incorporated or Qualified **10/09/1995** 3a. Date of Last Report **04/02/1996**

2. Principal Place of Business 21 6819 NW 84 AVE 22 MIAMI, FL 23 33166 24 USA	2a. Mailing Address 25 6819 NW 84 AVE 26 MIAMI, FL 27 33166 28 USA	4. FEI Number 65-0653126 APPLIED FOR 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent FARACI, HECTOR 1346 SOUTH GREEN WAY DRIVE CORAL GABLES FL 33134	10. Name and Address of New Registered Agent 81 Name ENZO R. AGUILERA 82 Street Address (P.O. Box Number is Not Acceptable) 10288 NW 9TH ST CIRCLE 83 APT 306 84 City MIAMI 85 FL 86 Zip Code 33172
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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 **ENZO R. AGUILERA** DATE **2/24/97**

12. OFFICERS AND DIRECTORS 1.1 TITLE PD <input type="checkbox"/> DELETE 1.2 NAME FARACI, HECTOR 1.3 STREET ADDRESS 1346 SOUTH GREEN WAY DRIVE 1.4 CITY - ST - ZIP CORAL GABLES FL 33134 2.1 TITLE STD <input type="checkbox"/> DELETE 2.2 NAME AGUILERA, ENZO R 2.3 STREET ADDRESS 10288 NW 9TH STREET CIRCLE 2.4 CITY - ST - ZIP MIAMI FL 33172 3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME AGUILERA, ENZO R 1.3 STREET ADDRESS 10288 NW 9TH ST CIRCLE #306 1.4 CITY - ST - ZIP MIAMI FL 33172 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP
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14. I do 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, whichever, or on an attachment with an address.

SIGNATURE: **2/24/97 (305) 5991256**

CR2E034 (9/96)