Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000080878

1. Corporation Name

MIAMI AIRCRAFT ENGINE DARTS INC

Principal Place of Business	Mailing Address			
7321 NW 46TH STREET MIAMI FL 33166	7321 NW 46TH STREET MIAMI FL 33166		DO NOT WRITE IN THIS S	SPACE
			3. Date Incorporated or Qualifed 10/19/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	
21 2323 N.W. 82ND AVENUE	26 2323 N.W. 82ND	AVENUE	<u>65-0623135</u>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired  区	\$8.7 Fee
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA		6. Election Campaign Financing Trust Fund Contribution	<b>\$5.</b>
Zip Country	Zip Co	ountry	8. This corporation owes the current year Inta	ngible
24 33122-1512 25 MIAMI-DADE	29 33122-1512 30 M	IAMI-D	DADE Personal Property Tax.	☐ Yes
9. Name and Address of Current I			10. Name and Address of New Registered A	gent
LAMONT & NEIMAN P.A. ONE BISCAYNE TOWER TWO SO. BISCAYNE BLVD. STE 3550		82 Stre	RAFAEL MEDRANO eet Address (P.O. Box Number is Not Acceptable) 2323 N.W. 82ND AVENUE	<u> </u>

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90060 032 \*\*\*158.75

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9. Name and Address of Current Registered Agent  LAMONT & NEIMAN P.A.  ONE BISCAYNE TOWER  TWO SO. BISCAYNE BLVD. STE 3550  MIAMI FL 33131  84 City  MIAMI FL DADE  10. Name and Address of New Registered Agent  85 In Name  RAFAEL MEDRANO  86 Street Address (P.O. Box Number is Not Acceptable)  2323 N.W. 82ND AVENUE  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 resulting 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 regist agent. I am familial with, abdractapt the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  RAFAEL MEDRANO  02/24/99  DATE	2-1512 gistered
9. Name and Address of Current Registered Agent  LAMONT & NEIMAN P.A.  ONE BISCAYNE TOWER  TWO SO. BISCAYNE BLVD. STE 3550  MIAMI FL 33131  84 City  MIAMI FL DADE  10. Name and Address of New Registered Agent  85 In Name  RAFAEL MEDRANO  86 Street Address (P.O. Box Number is Not Acceptable)  2323 N.W. 82ND AVENUE  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 resulting 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 regist agent. I am familial with, abdractapt the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  RAFAEL MEDRANO  02/24/99  DATE	de 2-1512 gistered
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agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  RAFAEL MEDRANO O2/24/99  DATE  OATE  O	iereu
SIGNATURE RAFAEL MEDRANO 02/24/99 Signature, typed is printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  OATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  OFFICER AND REPORT OF THE PROPERTY OF THE PR	ļ
ADDITIONS OF TO OFFICERS AND DIRECTORS	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE DELETE 1.1 TITLE	Addition
NAME MEDRANO, RAFAEL 1.2 NAME	}
STREET ADDRESS 7321 NW 46TH STREET 1.3 STREET ADDRESS 2323 N.W. 82ND AVENUE	
OTTY-ST-ZIP MIAMI FL 33166 14 CITY-ST-ZIP MIAMI , FLORIDA 33122-1512	
TITLE DELETE 2.1 TITLE ST Change	Addition
NAME MEDRANO, NELLY 2.2 NAME	ļ
STREET ADDRESS 7321 NW 46TH STREET 23 STREET ADDRESS 2323 N.W. 82ND AVENUE	ĺ
CITY-ST-ZIP MIAMI FL 33166 2.4 CITY-ST-ZIP MIAMI , FLORIDA 33122-1512	
TITLE DELETE 3.1 TITLE Change	Addition
NAME 3.2 NAME	1
STREET ADDRESS 3.3 STREET ADDRESS	)
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
TRILE DELETE 4.1 TITLE Change	☐ Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	Ì
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE Change	Addition
NAME 5.2 NAME	}
STREET ADDRESS 5.3 STREET ADDRESS	}
CITY-ST-ZIP 54 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE Change	Addition
NAME 6.2 NAME	ŀ
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 64 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 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 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 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 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certification in the information supplied with this filing does not provide the section of the section supplied with the section supplied	rmation

reported on this annual report of supplemental annual report is note and accurated and that my signature shall have the same regardened as it made under outli, 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.

SIGNATURE:

NELLY MEDRANO

02/24/99 Date

(305) 591-9806

Daytime Phone #