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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000086622 (4) AEROWEB, CORPORATION

Principal Place of Business Mailing Address 4059 D PALM BAY CIR 4059 D PALM BAY CIR WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406-4078 3. Date incorporated or Qualified 3a. Date of Last Report 11/09/1995 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For APPLIED FOR 65 - 0671775 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation has liability for intengible tax under s. 199.032, Z_{ip} Country Zıp Yes No Florida Statutes 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GUIBERT, MICHEL R 4059 D PALM BAY CIR Street Address (P.O. Box Number is Not Acceptable) 82 WEST PALM BEACH FL 33406 83 84 City 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, typed or profed name of registered agent and site if applicable 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6 DELETE Change 1.1 TITLE THE GUIBERT, MICHEL X MMS 1.2 NAME 4059 D PALM BAY CIR STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33406 CDY-S1-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change 21 TITLE TILE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-S1-719 DELETE Change Addition 3.1 TITLE

6.4 CITY-SY-ZIP CITY-\$1-76 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

3.2 NAME

4.1 TITLE

4.2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.4 CITY-ST-ZIP

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3.3 STREET ADDRESS 3.4. CITY+ST+ZIP

SIGNATURE:

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City-S*-ZiP

CHY-SI-76

STREET ADDRESS

CHY-ST-20

Middle A Grah Hichel R. GUBER 1 4-18-97

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

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FILED

Apr 25 1997 8:00am

Secretary of State

Change

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