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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600007678 (1)

AERO L'AQUILA, INC.

FILED May 09 1997 8:00am Secretary of State



Principal Place of E 3001-W PATRICK S KISSIMMEE TL SAT	Mailing Address 681 W PATRICK 67 MISSIMHEE FL 94741 60X					- 10011001 170 10F1C 81411 00111 00F11 4F41) 00111 110F1 (1141 1000) 1011 1011 1011				
		····					3. Date Incorporated or Qualified 01/16/1996	3a. Dat	e of Last F	·
2. Principal Place 21 606 A		2a. N	Wailing Address	2	IËA.	B/KD.	4. FEI Number 59-3366780)	 	pplied For lot Applicable
Suile, Apt. #, et	С	27	Suite, Apt. #, etc.	7			5. Certificate of Status Desired			Additional lequired
City & State	MME Horida	(City & State	lee.	H	ORIDA	6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
3 3 W	Country 1 25 U A	29	311741		Country		8. This corporation has liability for Florida Statutes		ax under :	š. 199.032,
24 277 7 9.	Name and Address of Curren		red Agent	[30]	7		10. Name and Address of New Re			
SANTOS	, PABLO J	······	······································		81	Name		.E		******
125 DELAWARE WOODS CT ORLANDO FL 32824					82	Street Add	dress (P.O. Box Number is Not Acceptable)			
Onionia	10 1 E 02024				83					
					B4	City			85 Zip	Code
							poration submits this statement for the	FL		
12.	ture, typed or printed name of registered age OFFICERS AND		ORS	1	13.	ent signalure requi	red when reinstating) APOITIONS/CHANGES TO OFFICE	DATE DERS AND		
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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 anged, or on an attachment with an address.

SIGNATURE

CONTURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR

3/18/14

(4) 931-226

Daytime Phone