

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

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90046 010 \*\*\*150.00

DOCUMENT # P96000007678

1. Corporation Name  
AERO L'AQUILA, INC.

Principal Place of Business

606 N. DYER BLVD  
KISSIMMEE FL 34741  
US

Mailing Address

606 N. DYER BLVD  
KISSIMMEE FL 34741  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1996

4. FEI Number

59-3366780

Applied For

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 owes the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

SANTOS, PABLO J  
125 DELAWARE WOODS CT  
ORLANDO FL 32824

10. Name and Address of New Registered Agent

81 Name GIACOMO PANARO

82 Street Address (P.O. Box Number is Not Acceptable)

83 3201 B. Blue Heron Dr.

84 City KISSIMMEE FL 85 Zip Code 34741

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☒ DELETE  
NAME PANARO, GIACOMO  
STREET ADDRESS 3121 B. BLUE HERON DR.  
CITY-ST-ZIP KISSIMMEE FL

TITLE VP ☒ DELETE  
NAME FULGENZI, ANGELO  
STREET ADDRESS 3121 B. BLUE HERON DR.  
CITY-ST-ZIP KISSIMMEE FL

TITLE VPTS ☐ DELETE  
NAME GIACONA, PANORA  
STREET ADDRESS 3121 B BLUE HERON DR  
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE P ☐ DELETE  
NAME ANGELO, FULGENZI  
STREET ADDRESS 3121 B BLUE HERON DR  
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE VPTS ☒ Change ☐ Addition  
3.2 NAME GIACOMO PANARO  
3.3 STREET ADDRESS 3201 B BLUE HERON DR.  
3.4 CITY-ST-ZIP KISSIMMEE, FL 34741

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/99 407 9312261  
Date Daytime Phone #

CR2E034 (11/98)