## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P96000030585 (9)

AEROTEK 2000, INC.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

,,					
Principal Place	e of Business	Mailing Address			
1001 N.E. 179TH ST. 1001 N.E. 179TH ST. N MIAMI BEACH FL 33162 N MIAMI BEACH FL 33162					
	······				DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 3a. Date of Last Report
					04/01/1996 Intial
21	lace of Business	2a. Mailing Address 26			4. FEI Number Applied For Not Applicabl
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip 29	Country 30	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XYes No
L	g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
PEERANI, JUNAID			81	Name	
N MIAMI BEACH FL 33162			82	Street Add	dress (P.O. Box Number is Not Acceptable)
			83		
			84	City	FL 85 Zip Code
SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered age				rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered uired when reinstating)
12.	OFFICERS AN	D DIRECTORS	13.	**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PEERANI, JUNAID		1.2 NAME		900002270399-76 -08/18/9701138020
STREET ADDRESS	1001 N.E. 179TH ST.		1.3 STREET	ADDRESS	****165.00 ****165.00
CITY-ST-ZIP	N MIAMI BEACH FL 33162		1.4 CITY+ST-ZIP		<u></u>
TITLE		DELETE 2.17			Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET		
CITY-\$T-ZIP			2. 4 CITY- 3.1 TITLE	SI-ZIP	Change Addition
NAME			3.2 NAME		- John State - Control
STREET ADDRESS			3.3 STREET	ADDRESS	
CITY-ST-ZIP			3.4. CITY-	1	
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-ZIP			4.4 CITY - S	T-ZIP	
TETLE		☐ DELETE	5.1 TITL€		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	1 -

14. Ido 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 exporation 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. The hanged, or on an attachment with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE

Change

Addition

**APPROVED** 

AND

97 AUG 13 AH 11: 49

SECRETARY OF STATE TALLAHASSEE, FLORIDA