

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.)

FILED

Sep 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000075174 (8)

1. Corporation Name
AEROMEDIA, INC.

Principal Place of Business
4741 NORTHWEST 97 COURT
MIAMI FL 33178

Mailing Address
4741 NORTHWEST 97 COURT
MIAMI FL 33178



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 190 n.w. 42 Ave.

Suite, Apt. #, etc.

22 City & State

23 Miami, FL

Zip Country

24 33178

25 U.S.A.

2a. Mailing Address

26 190 N.W. 42 Ave.

Suite, Apt. #, etc.

27 City & State

28 Miami, fl.

Zip Country

29 33178

30 U.S.A.

3. Date Incorporated or Qualified

09/10/1996

3a. Date of Last Report

4. FEI Number

65-0694997

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

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 NAME ☐ DELETE

PTD
VILLEGAS, LUIS F
4741 NORTHWEST 97 COURT
MIAMI FL 33178

TITLE NAME ☐ DELETE

VSD
EIDINGER, SONIA
4741 NORTHWEST 97 COURT
MIAMI FL 33178

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME ☒ Change ☐ Addition

PTD
VILLEGAS LUIS F.
5860 N W 111 AVE
MIAMI FL 33178

2.1 TITLE 2.2 NAME ☐ Change ☐ Addition

VSD
EIDINGER SONIA
5860 N.W 111 AVE
MIAMI FL 33178

3.1 TITLE 3.2 NAME ☐ Change ☐ Addition

D
SRAD MORIS
CRA 65 N° 179-32
BOGOTA COLOMBIA

4.1 TITLE 4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE

CR2E034 (4/97)