

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

**FILED**  
**Jul 10 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT #** P96000075419  
 1. Corporation Name  
**LUDI AIRCRAFT COMPOSITES, INC**

Principal Place of Business: **181 N.W. 97 AVE SUITE 510 MIAMI, FL 33172**  
 Mailing Address:

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified  
**9-9-96**

2. Principal Place of Business  
 21 Suite, Apt # etc.  
 22 City & State  
 23 Zip Country  
 24 25

2a. Mailing Address  
 26 Suite, Apt # etc.  
 27 City & State  
 28 Zip Country  
 29 30

4. FEI Number  
**65-0726599**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. 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  
**DINO BELTRAN**  
**181 N.W. 97 AVE SUITE 510**  
**MIAMI FL 33172**

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 \_\_\_\_\_ (Name) \_\_\_\_\_ (Title)

12. OFFICERS AND DIRECTORS

|   |   |                                 |
|---|---|---------------------------------|
| TITLE <b>P</b>                                  | NAME <b>DINO BELTRAN</b>                | <input type="checkbox"/> DELETE |
| STREET ADDRESS <b>181 N.W. 97 AVE SUITE 510</b> | CITY-ST-ZIP <b>MIAMI FL 33172</b>       |                                 |
| TITLE <b>VP</b>                                 | NAME <b>LUIS RUBIANEDA</b>              | <input type="checkbox"/> DELETE |
| STREET ADDRESS <b>5611 RICHMOND AVE</b>         | CITY-ST-ZIP <b>WESTMINSTER CA 92683</b> |                                 |
| TITLE   | NAME                                    | <input type="checkbox"/> DELETE |
| STREET ADDRESS                                  | CITY-ST-ZIP                             |                                 |
| TITLE   | NAME                                    | <input type="checkbox"/> DELETE |
| STREET ADDRESS                                  | CITY-ST-ZIP                             |                                 |
| TITLE   | NAME                                    | <input type="checkbox"/> DELETE |
| STREET ADDRESS                                  | CITY-ST-ZIP                             |                                 |
| TITLE   | NAME                                    | <input type="checkbox"/> DELETE |
| STREET ADDRESS                                  | CITY-ST-ZIP                             |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |   |
| 3. STREET ADDRESS  |   |
| 4. CITY-ST-ZIP     |   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |   |
| 7. STREET ADDRESS  |   |
| 8. CITY-ST-ZIP     |   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |   |
| 11. STREET ADDRESS |   |
| 12. CITY-ST-ZIP    |   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |   |
| 15. STREET ADDRESS |   |
| 16. CITY-ST-ZIP    |   |

**100002586251**  
**-07/13/98--01043--031**  
**\*\*\*150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 trustee or trust-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: **DINO BELTRAN** *Dino Beltran* **6-29-98**

CR2E034 (10/97)

②

LUDI AIRCRAFT COMPOSITES, INC  
DINO BELTRAN  
181 NW 97TH AVE, STE 510  
MIAMI, FL 33172

June 29, 1998

ANNUAL REPORTS FILINGS  
DIVISION OF CORPORATIONS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

Dear Madan:

The reason I request for another 201.cor profit A/R was, because I did not receive it.

Now I have received the A/R and I send you with a check of \$ 150.00 enclosed with this letter.

If there is any problem please I appreciate you calling me at this number below:

(305) 220-5458 or (305) 8337368

Sincerely yours,

*Dino Beltran*