2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State
04-19-2000 90050 046 ***150.00

DOCUMENT # P96000092080

1. Entity Name

AIRPRO AVIATION SYSTEMS, INC.

Principal Place of Business	Mailing Address
~~2369 W. 69 ST. #1~~ ~~HIALEAH FL 33016~~	~~2369 W. 69 ST. #1~~ ~~HIALEAH FL 33016-6822~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10451 NW 28 st	P.O. Box 660044
Suite, Apt. #, etc.: F-102	Suite, Apt. #, etc.
City & State: Miami Fl	City & State: Miami Springs Fl.
Zip: 33172 Country: USA	Zip: 33266- Country: USA

4. FEI Number: 65-0707918 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERNANDEZ, REINALDO ~~2369 W. 69 ST. #1~~ 10451 NW 28 street ~~HIALEAH FL 33016~~ suite F-102 Miami Fl. 33172	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT FERNANDEZ, REINALDO ~~2369 W. 69 ST. #1~~ ~~HIALEAH FL 33016~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5343 NW 111 ct. Miami Fl, 33178	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV FERNANDEZ, BEATRIZ ~~2369 W. 69 ST. #1~~ ~~HIALEAH FL 33016~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5343 NW 111 ct. Miami Fl 33178	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS FERNANDEZ, MERCEDES 4230 W. 10 CT. HIALEAH FL 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (X) _____ Reinaldo Fernandez Pres 4/11/00 (305) 715-7099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #