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

PROFIT CORPORATION, ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P 97 00 00 30 45 5

FILED Apr 30 1998 8:00am Secretary of State

THE AEROMAR GROUP, INC.			
Principal Place of Business Mailing Address			
		DO NOT WRITE IN THIS	SPACE
		3. Date incorporated or Qualified	
		4/3/97	
2. Principal Place of Business 2a. Mailing Address	^	4. FEI Number	Applied For
2. Principal Place of Business 21 8988 OLD PINE WAY 26 8988 OLD PINE WAY		65-076 747	Not Applicable
Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 27			Fee Required
	TON FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip 22 33 433 25 29 33 433	Country 30	 This corporation owes or has paid the cu Personal Property Tax due June 30. 	rrent year Intangible Yes □ No
3. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent			
81 Name STERN, JUANA ESTER			
82 Street Address (P.O. Box Number is Not Acceptable)			
DISS OCU TIVE VOT			
	83	•	
	84 City	BOCA RATON FL	
11. Pursuant to the physisiens 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607,0505, Florida Statutes.			
SIGNATURE STANA ESTER	L STERN - VAES 11 Rag stered Agent signature requir		9 <i>Y</i>
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE DELETE	1111TLF \}	, 	Change
NAME STERN, JUANA ESTER STREET ADDRESS 8988 OLD PINE WAY	12 NAME S	TERN, JUANA ESTER	
STREET ADDRESS 8988 OLD VINE WAY	1.3 STREET ADDRESS 8	188 OLD PINE WAY	221122
DITY-ST-ZIP BOCA RATON FL 33433		BOCA RATON FL	Change Addition
	2 1 TITLE		Change C Author
NAME	2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS	2 4 CrTY+S1-ZIP		
CITY-ST-ZIP DELETE	31 TITLE		☐ Change ☐ Addition
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-ST-ZIP	3.4. City - St - ZiP		
TIFLE DELETE	4 1 TITLE	4 (***) (***) (***) (***) (***)	Change Addition
NAME	4 2 NAME	1000025079	130 T
STREET ADDRESS	4.3 STREET ADDRESS	-05/01/9801067	U40
City-S1-ZIP	4 4 CITY - \$1 - ZIP	***158.75	
TITLE DELETE	5 1 11TLE		Change Addition
NAME	5.2 NAME		
STREET ADDRESS	5 3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-S1-ZIP		Chino Addison
TITLE L. DELETE	6.1 TITLE		AUDITOR DANGE
NAME	6 2 NAME		امده
STREET ADDRESS	6.3 STREET ADDRESS		\^\ <i>X</i> / _
DITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify f	64 CITY-ST-ZIP for the exemption stated in	Section 119.07(3)(i), Florina Statutes, I further of	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 of 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 changited per of an attachment with an address.			