

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

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**DOCUMENT # P97000054354**  
1. Corporation Name

**99 JUL -9 PM 1:06**

**AERO MAINTENANCE & STRUCTURAL SUPPORT CORP.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 1220 30th street	26 (SAME)	Suite, Apt. #, etc.	
22 BUILDING 410	27	City & State	
23 SANFORD FL	28	City & State	
24 32773	25 USA	29	30
Zip	Country	Zip	Country

3. Date Incorporated or Qualified	6-19-97
4. FEI Number	65-0831441
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**Luis Saucedo**  
8376 NW 56th Street  
Miami, Fl 33166

10. Name and Address of New Registered Agent

81 Name **Mabel V. Saucedo**  
82 Street Address (P.O. Box Number is Not Acceptable) **1220 30th street**  
83  
84 City **Sanford** FL 85 Zip Code **32773**

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 **Mabel V. Saucedo Pres-Registered Agent** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	Luis Saucedo	1.2 NAME	Mabel V. Saucedo
STREET ADDRESS		1.3 STREET ADDRESS	9140 SW 137th Ave. # 1001
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami, Fl 33186
TITLE	VP	2.1 TITLE	ST
NAME	Carlos Uriarte	2.2 NAME	Luis Fernandez
STREET ADDRESS		2.3 STREET ADDRESS	3017 North Dakland Dr suite 206
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Ft Lauderdale, Fl 33309
TITLE	S	3.1 TITLE	
NAME	Hernando Vazquez	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	800002939438--6
CITY-ST-ZIP		3.4 CITY-ST-ZIP	-07/22/99--01108--021
TITLE	T	4.1 TITLE	
NAME	Wilmer Saucedo	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: **Melba C. Saucedo - President** 7/7/99 305-887-2691  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

LS