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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000056199 (7)

AERO SEW-LUTIONS, INC.

Principal Place of Business

Ψ.

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Mailing Address

FILED Apr 29 1998 8:00am Secretary of State



8346-J NORTHWEST SOUTH RIVER DRIVE 8346-J NORTHWEST SOUTH RIVER DRIVE MEDLEY FL 33166 MEDLEY FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/26/1997 2. Principal Place of Business 2a. Mailing Address Applied For 076 2667 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **AMERILAWYER CHARTERED** 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 63 84 City 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, 1 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change CARDENAS, ANTONIO L NAME 1.2 NAME 8346-J NORTHWEST SOUTH RIVER DRIVE STREET ADDRESS 1.3 STREET ADDRESS MEDLEY FL 33166 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE ☐ Change Addition VALLE, AHISHA NAME 2.2 NAME 8346-J NORTHWEST SOUTH RIVER DRIVE STREET ADDRESS 2.3 STREET ADDRESS MEDLEY FL 33166 CITY-ST-ZIP 2. 4 CITY-ST-ZiP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 suppliemental 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 charged or on an attachment with an address.

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