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FILED
Apr 15 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 # P97000066625 (9)

1. Corporation Name

AERO MASTERS, INC.



Principal Place of Business

Mailing Address

1816 GLEN WOOD ROAD
DELAND FL 32720

1816 GLEN WOOD ROAD
DELAND FL 32720

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1997

EEI Number

Applied For

Not Applicable

2. Principal Place of Business

21 DELAND AIRPORT

2a. Mailing Address

26 AERO MASTERS, INC. 1075 FLIGHTLINE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1075 FLIGHTLINE BLVD

27 DELAND, FL

City & State

City & State

23 DELAND, FL

28 32724 VOLUSIA

Zip

Country

Zip

Country

24 32724

25 VOLUSIA

29 "

30 "

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. 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

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

LAUVONNE JOHNSON

82 Street Address (P.O. Box Number is Not Acceptable)

1075 FLIGHTLINE BLVD

83

DELAND, FL

84 City

FL

32724

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/8/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD
NAME JOHNSON, LAVONNE
STREET ADDRESS 1816 GLEN WOOD ROAD
CITY-ST-ZIP DELAND FL 32720

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VP
NAME NELL JOHNSON
STREET ADDRESS 1890 N.E. 118 RD.
CITY-ST-ZIP N. MIAMI, FL 33181

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S
NAME DIANE D'ALESSANDRO
STREET ADDRESS 1720 N.W. 108 TERR.
CITY-ST-ZIP PEMBROKE PINES, FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T
NAME PAUL BORRELLI
STREET ADDRESS 1720 N.W. 108 TERR
CITY-ST-ZIP PEMBROKE PINES, FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME EURB. SWISS GLOBAL FINANCE LIMITED
STREET ADDRESS 90 SPIVACK & CAPLAN
CITY-ST-ZIP 12000 BISCAYNE BLVD. SUITE 803
MIAMI, FL 33181

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
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 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.

CR2E034 (10/97)