

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

DOCUMENT # P97000081050

1. Corporation Name
AMERICAN AIRMOTIVE, INC.

Principal Place of Business
P.O. BOX 522230
MIAMI FL 33152

Mailing Address
P.O. BOX 522230
MIAMI FL 33152

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90207 025 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/18/1997

4. FEI Number
65-0830535

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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name
ANNE D. BATCHELOR
82 Street Address (P.O. Box Number is Not Acceptable)
950 SE 12 ST
83
84 City
HIALEAH FL 85 Zip Code
33139

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)

4/23/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P/C
BATCHELOR, GEORGE E
950 S E 12TH STREET
HIALEAH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
CHRIS GILLIS
CFO
950 SE 12 ST
HIALEAH, FL. 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WALKER, RAYMOND S
950 S E 12TH STREET
HIALEAH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
D/AS
DANIEL J FLORENCI
950 SE 12 ST
HIALEAH, FL. 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROHDE, CAROL
950 S E 12TH STREET
HIALEAH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
D/S
ANNE D. BATCHELOR ROBJOHN
950 SE 12 ST
HIALEAH, FL. 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETED

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
CARIDAD VELASCO
VP
950 SE 12 ST
HIALEAH, FL. 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETED

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETED

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
DELETED

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99 (305) 889-6203
Date Daytime Phone #

CR2E034 (11/98)