

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
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90028 010 ***150.00

DOCUMENT # P97000096099

1. Corporation Name
AEROSPACE FINANCE CORP.

Principal Place of Business
950 S.E. 12TH STREET
HIALEAH FL 33010

Mailing Address
950 S.E. 12TH STREET
HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1997

4. FEI Number

65-0809777

Applied For

Not Applicable

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~POLK, RHONDA S ESQ.~~
~~950 S.E. 12TH STREET~~
~~HIALEAH FL 33010~~

81. Name

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

83.

84. City

FL

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 607.0605, Florida Statutes.

SIGNATURE

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

(NOT a Registered Agent signature required when reinstating)

DATE

19 APRIL 1999

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPS
NAME POLK, RHONDA S ESQ.
STREET ADDRESS 950 S.E. 12TH STREET
CITY-ST-ZIP HIALEAH FL 33010

☒ DELETE

1.1 TITLE ~~VP~~
1.2 NAME ~~ADRIAN O. BATCHELOR ROBERTS~~
1.3 STREET ADDRESS ~~950 SE 12 ST~~
1.4 CITY-ST-ZIP ~~HIALEAH, FL 33010~~

☐ Change

☒ Addition

TITLE DCEO
NAME BATCHELOR, GEORGE E
STREET ADDRESS 950 S.E. 12TH STREET
CITY-ST-ZIP HIALEAH FL 33010

☐ DELETE

2.1 TITLE ~~VP~~
2.2 NAME ~~DANIEL J. FERRAZZI~~
2.3 STREET ADDRESS ~~950 SE 12 ST~~
2.4 CITY-ST-ZIP ~~HIALEAH, FL 33010~~

☐ Change

☒ Addition

TITLE DVP
NAME BATCHELOR, MARIANNE T
STREET ADDRESS 950 S.E. 12TH STREET
CITY-ST-ZIP HIALEAH FL 33010

☒ DELETE

3.1 TITLE CFO (CHIEF FINANCIAL OFFICER)
3.2 NAME CHRISTOPHER T. GILLIS
3.3 STREET ADDRESS 950 SE 12 ST
3.4 CITY-ST-ZIP HIALEAH FL 33010

☐ Change

☒ Addition

TITLE VPC
NAME GILLIS, CHRIS
STREET ADDRESS 950 S.E. 12TH STREET
CITY-ST-ZIP HIALEAH FL 33010

☒ DELETE

4.1 TITLE VP
4.2 NAME CALIDAD VELASCO
4.3 STREET ADDRESS 950 SE 12 ST
4.4 CITY-ST-ZIP HIALEAH, FL 33010

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change

☐ Addition

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

Date

Daytime Phone #

(305) 889-6203

19 APRIL 1999

CR2E034 (11/98)

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