

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
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90075 047 ***150.00

DOCUMENT # P98000092109

1. Corporation Name

AERO MOLDING & MACHINING, INC.

Principal Place of Business

C/O UNITED CORPORATE SERVICES, INC.
801 N.E. 167TH ST., STE. 300
N. MIAMI BEACH FL 33162

Mailing Address

C/O UNITED CORPORATE SERVICES, INC.
801 N.E. 167TH ST., STE. 300
N. MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1998

FEI Number

65-0871671

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

21 2000 BANKS ROAD

Suite, Apt. #, etc.

22 City & State

23 MARGATE FL

24 Zip Country

33063 USA

2a. Mailing Address

26 1701 WOODLAND RD

Suite, Apt. #, etc.

27 City & State

28 ARLINGTON PA

29 Zip Country

19001 USA

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 N.E. 167TH ST., STE. 300
N. MIAMI FL 33162

10. Name and Address of New Registered Agent

81 Name UNITED CORPORATE SERVICES, INC.

82 Street Address (P.O. Box Number is Not Acceptable)
9200 S DADELAND BLVD.

83 STE 508

84 City MIAMI

FL

85 Zip Code 33156

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 Michael A. Barr

Pres- United Corporate Services, Inc. 1/29/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President

NAME LESLIE EDELMAN

STREET ADDRESS 1701 WOODLAND RD

CITY-ST-ZIP ARLINGTON PA 19001

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PRESIDENT

LESLIE EDELMAN

1701 WOODLAND RD

ARLINGTON PA 19001

Change Addition

Change Addition

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Change Addition

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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] LPO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)