FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

S72644

(5)

FILED Mar 03 1998 8:00am Secretary of State

AERON	IAUTECHS TRADE INTER	NATIONAL, INC.			
Principal Plac	e of Business	Mailing Address	·· ····		81911 81811 81811 81811 81811 1881
-2001_SEAIRP		2001 SE AIRPORT RO -		1	
STUART FL		STUART FL 34998		DO NOT WRITE IN TH	HO ODACE
05 1 5,2€	9 SE SINTER ST	US 3269 SES	IATER ST	3. Date Incorporated or Qualified	113 SPACE
- স্ব	17, FL 34997	Stunrt, FL	34997.	08/08/1991	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0310919	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country		Added to Fees
24	25	<u> </u>	30	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curi		30	10. Name and Address of New Register	
GIF	RARD, MADAI C		81 Name		
	81 SW BININI CIR		20 0 117		
	LM CITY FL 34990		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
• • •			83		
			84 City		85 Zip Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the ob	igations of, Section 607.0505, Flo	uthorized by the corporat rida Statutes. Registered Agent signature require.	ion's board of directors. I hereby accept the a	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GIRARD, GARY I		1.2 NAME		
STREET ADDRESS	3861 SW BIMINI CIR		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL		1.4 CITY - ST - ZIP		()
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	GIRARD, MADAIC		2.2 NAME		[
STREET ADDRESS	3861 SW BIMINI CIR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL		2. 4 DITY-ST-ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	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		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		}
CITY-ST-ZIP		Figure	5.4 CITY - ST - ZIP		
TITLE		☐ DEL e te	6.1 TITLE		Change Addition
NAME	·* 		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	i •		6.4 CITY - ST - ZIP		1

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, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

in Allace MADAIGINAL

2/28/90

561-220-6777