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

**CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$92966

## **AEREO PARTS IMPORT & EXPORT CORPORATION**

## **FILED** May 19 1997 8:00am Secretary of State



Principal Place of Business		**	Mailing Address				( Papiralla sila latira liana santa anni anni anni anni anni anni anni					
3251 8.W. 16TH TERRACE MIAMI FL 33145-1815			3251 S.W. 16TH TERRACE MIAMI FL 33145-1815									
MIAMI PL 3314	13-1013	MIRMI FL 3	3143-1013									
i	•						3. Date Incom 11/08/19	porated or Qualified	3a. Dal	e of Last R 1/1996	eport	
	lace of Business	2a. Mailing	Address				4. FEI Numb		-1	Ar	pplied For	
21		26					and the same of the same and the same and the same of			ot Applicable		
Suite, Apt.	#, etc.	<u>-</u>	pt. #, etc.				5. Certificate	of Status Desired			Additional equired	
22 City & State	^	27   City & S	Stato				+					
23	6	28	oranc.				1	ampaign Financing  d Contribution	П	\$5.00	May Be to Fees	
Zip	Country	e al company de la company			ıntry	· · · · · · · · · · · · · · · · · · ·		pration has liability for i	ntannible t			
24	25	h	29 30			Florida Statutes			☐ Yes 🏋 No			
<u> </u>	9. Name and Address of Currer				I		10. Name and	Address of New Re	gistered A	gent		
	TEGA, ANGEL E				81	Name A	Varl E	ONTERA-				
3251 SW 16 TERR						81 Name ANGEL E. ONTEGA-  82 Street Address (P.O. Box Number is Not Acceptable)  325/5 W. CRANCE						
MIA	MI FL 33145					325	15W.	16 TERRA	ice			
					83							
					84	City				85 Zio	Code, _	
						MIK	mi		_FL	3	399V	
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607,1508,	Florida Statulo	os, the a	bovo	e-named corp	oration submits t	his statement for the p	urpose of	changing it	ts registered	
agent. I a	im familian with, and accept the engl	ations of Section	607.0505, Flo	orida Sta	lutes	ino corporati L	ion's podia (ii dii		A	,		
SIGNATURE									lay 1	0/19	97	
	Algnature, typed or printed name of registered ag		e. (NOTE			nt signature require	ed when reinstating)	VOLUMOTO TO OFFIC	NV1F		20 141 40	
12.	OFFICERS AN	ID DIRECTORS	DELETE	13.			ADDITION	S/CHANGES TO OFFIC	ERS AND	Change	AS IN 12	
TITLE NAME	ORTEGA, ANGEL E.			1.1 M						Onlange		
	3251 S.W. 16TH TERR.					1000000						
STREET ADDRESS	MIAMI FL					ADDRESS						
CITY-ST-ZIP TITLE	ST		DELFTE	2.1 1	HY-\$1	1-202				Change	Addition	
NAME	ORTEGA, BARBARA		L_ DECINE	2.2 N						Unungs	L Noukion	
STREET ADDRESS	3251 SW 16TH TERR					ADDRESS						
CITY-ST-ZIP	MIAMI FL					SI - ZIP						
TITLE			☐ DELETE	3.1 7		51 - 214				Change	Addition	
NAME				3.2 N						_ 0.		
STREET ADDRESS						ADDRESS		·				
CITY-ST-ZIP						ST - ZIP						
TITLE			DELETE	4.1 ]		-				Change	Addition	
NAME				4.21	NAME	ľ						
STREET ADDRESS				4.3 S	TREET	AUDRESS						
CITY-ST-ZIP					HY-S	l						
TITLE		<del></del>	DELETE	5.11						Change	Addition	
NAME				5.2 N	AME							
STREET ADDRESS				5.3 S	IREET	ADDRESS						
CITY-ST-ZIP				5.4 C	ITY-S	T - 71P						
TITLE			DELETE	6.1 T	NE					Change	Addition	
NAME	1			6.2 N	AME							
STREET ADDRESS				G.3 S	AREE E	ADDRESS						
CITY-ST-ZIP	<u> </u>			6.4 C	ITY - S	1 · 2(P						

14. I do hereby certify that the information supplied with this filling 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 changed, or on an altachment with an address. appears in Block 12 or Block

=lolo7