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PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

S92966

(8)

AEREO PARTS IMPORT & EXPORT CORPORATION

Principal Place of Business Mailing Address 3251 S.W. 16TH TERRACE 3251 S.W. 16TH TERRACE MIAMI FL 33145-1815 MIAMI FL 33145-1815 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/08/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0294072 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zω Country 8. This corporation owes or has paid the current year Intangible 24 Yes 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Ortega, angel e 3251 SW 16 TERR 82 MIAM) FL 33145 **B3** 84 of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 and accept the objection 607.0505, Florida Statutes. 11. Pursuant to the prov office or registere **SIGNATURE** (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELETE Change Addition TITLE 1.1 TITLE ORTEGA, ANGEL E. NAME 1.2 NAME 3251 S.W. 16TH TERR. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-7IP 14 CHY-ST-7IP TITLE ST DELETE Change Addition 21 TITLE ORTEGA, BARBARA NAME 2.2 NAME 3251 SW 16TH TERR STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 of 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 changes on an attachment of the analysis.

CICNATURE

ugel la Priletta

4/27/98

FILED

May 06 1998 8:00am

Secretary of State