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May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V40432 (9)

1. Corporation Name
AMTEC AVIATION AEROSPACE, INC.



Principal Place of Business: 3150 N.W. 40TH STREET MIAMI FL 33142-5107
Mailing Address: 2000 NE 122ND RD NORTH MIAMI FL 33181-2942 US

3. Date Incorporated or Qualified: 06/02/1992
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 21 2000 N.E. 122 Road Suite, Apt. #, etc.
22 City & State: North Miami, Florida
23 Zip: 33181-2942 Country: USA
2a. Mailing Address: 26 2000 N.E. 122 Road Suite, Apt. #, etc.
27 City & State:
28 Zip: Country:
4. FEI Number: 65-0360733 Applied For: Not Applicable
5. Certificate of Status Desired: [X] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [] No

9. Name and Address of Current Registered Agent
SCHANO, MARION E.
9500 W. BAY HARBOR DRIVE
PH-7F
BAY HARBOR ISLAND FL 33154

10. Name and Address of New Registered Agent
81 Name: SCHANO, MARION E.
82 Street Address (P.O. Box Number is Not Acceptable): 2000 N.W. 122 Road
83
84 City: North Miami, FL 85 Zip Code: 33181-2942

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: [X] Marion E. Schano MARION E. SCHANO April 25, 1997
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCHANO, MARION E.	
STREET ADDRESS	9500 W. BAY HARBOR DR., PH-7F	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SCHANO, EDWARD	
STREET ADDRESS	9500 W. HARBOR DRIVE, PH-7F	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHANO, MARION E.	
1.3 STREET ADDRESS	2000 N.E. 122rd Road	
1.4 CITY-ST-ZIP	North Miami, Florida 33181-2942	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SCHANO, EDWARD	
2.3 STREET ADDRESS	2000 N.E. 122rd Road	
2.4 CITY-ST-ZIP	North Miami, Florida 33181-2942	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: [X] Marion E. Schano April 25, 1997 (305) 891-1512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone No.

CR2E034 (9/96)