

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 18 1997 8:00am
Secretary of State

DOCUMENT # V56606 (9)

1. Corporation Name
AERO BRAKE & WHEEL REPAIR, INC.

Principal Place of Business
AERO BRAKE & WHEEL REPAIR, INC.
6891 N.W. 73 CT
MIAMI FL 33166
US

Mailing Address
AERO BRAKE & WHEEL REPAIR, INC.
6801 N.W. 73 CT
MIAMI FL 33166-3041
US



2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29

3. Date Incorporated or Qualified 08/11/1992	3a. Date of Last Report 01/30/1996
4. FEI Number 65-0357368	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JAFFE, HOWARD
C/O KAPLAN, JAFFE & GATES, P.A.
2435 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name	STEVE OPPENHEIM		
82 Street Address (P.O. Box Number is Not Acceptable)	TERRABANK BUILDING		
83	3191 CORAL WAY SUITE 800		
84 City	MIAMI,	FL	85 Zip Code 33145

11. Pursuant to the provisions of Sections 607.02 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 *Steven P. Oppenheim* STEVEN P. OPPENHEIM 4/15/97
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	P <input type="checkbox"/> DELETE
NAME	HARRIS, FRANK
STREET ADDRESS	337 DOVER ROAD
CITY - ST - ZIP	OXFORD GA
TITLE	VP <input type="checkbox"/> DELETE
NAME	CALAC, RUTH
STREET ADDRESS	6801 N.W. 73 CT
CITY - ST - ZIP	MIAMI 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	
11 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	JACKIE MACHADO
13 STREET ADDRESS	6801 N.W. 73 COURT
14 CITY - ST - ZIP	MIAMI, FL. 33166 <input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 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: *Jackie Machado* JACKIE MACHADO 2-3-97 305-885-8771
Signature and typed or printed name of signing officer or director TREASURER Date Daytime Phone #

CR2E034 (9/96)