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May 12 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 # V65143 (2)

1. Corporation Name

WATKINS & VICKERS AEROSPACE SALES, INC.

Principal Place of Business

Mailing Address

~~ALFRED I. DUPONT BLDG.~~
~~100 E. FLAGLER ST., SUITE 1524~~
~~MIAMI FL 33131~~

~~ALFRED I. DUPONT BLDG.~~
~~100 E. FLAGLER ST., SUITE 1524~~
~~MIAMI FL 33131-1207~~

2. Principal Place of Business

21 141 NE 3rd Ave.

22 Suite, Apt. #, etc.
10th Floor

23 City & State
MIAMI, Fla.

24 Zip
33131

25 Country
USA

2a. Mailing Address

26 141 NE 3rd Ave.

27 Suite, Apt. #, etc.
10th Floor

28 City & State
MIAMI, Fla.

29 Zip
33131

30 Country
USA

9. Name and Address of Current Registered Agent

LIBERATORE, MICHAEL J

~~ALFRED I. DUPONT BLDG.~~

~~100 E. FLAGLER ST., SUITE 1524~~

~~MIAMI FL 33131~~

3. Date Incorporated or Qualified

09/21/1992

3a. Date of Last Report

07/30/1996

4. FEI Number

65-0433672

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$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

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

Michael J. Liberatore

82 Street Address (P.O. Box Number is Not Acceptable)

1 Brickell Square

83

801 Brickell Avenue

84 City

MIAMI

FL

85 Zip Code

33131

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

Michael J. Liberatore

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

4-27-97

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
NILESEN, WILLEN
801 BRICKELL AVE #929
MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WILLIG, DAVID S
100 E. FLAGLER ST.
MIAMI FL 33131

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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

Michael J. Liberatore

4-27-97

33131

CR2E034 (9/96)