

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 224841 (7)

1. Corporation Name
GENERAL DEVELOPMENT AIR SERVICE, INC.



Principal Place of Business: LEGAL DEPT 9TH FLOOR, 2601 S. BAYSHORE DR., MIAMI FL 33133-2461
Mailing Address: LEGAL DEPT 9TH FLOOR, 2601 S. BAYSHORE DR., MIAMI FL 33133-2461

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Country
25	Country	29	Zip
30		30	Country

3	Date Incorporated or Qualified	3a	Date of Last Report
	07/12/1959		04/28/1995
4	FBI Number	Applied For	
	59-0897274	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 type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANGLEY, MARCIA H
LEGAL DEPT., 9TH FLOOR
2601 S. BAYSHORE DRIVE
MIAMI FL F3313

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	Zip Code

FL

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: _____ DATE: _____
Signature: Typed or printed name of registered agent, and title, if applicable. NOT: Registered Agent's signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY, THOMAS W.	1.2 NAME	VSD
STREET ADDRESS	2601 S. BAYSHORE DRIVE	1.3 STREET ADDRESS	Langley, Marcia H
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	2601 S. Bayshore Dr.
TITLE	VS	2. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANGLEY, MARCIA H.	2.2 NAME	VAS
STREET ADDRESS	2601 S. BAYSHORE DRIVE	2.3 STREET ADDRESS	Goldman, Joel K.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	2601 S. Bayshore Dr.
TITLE	VT	3. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISCHER, JOHN H.	3.2 NAME	VD
STREET ADDRESS	2601 S. BAYSHORE DRIVE	3.3 STREET ADDRESS	Carleton, Callis N.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	2601 S. Bayshore Dr.
TITLE	DV	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKESH, LINDA A	4.2 NAME	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	DVAS	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, JULIO J	5.2 NAME	000001783390
STREET ADDRESS	2601 S BAYSHORE DR	5.3 STREET ADDRESS	-04/17/96--01020--011
CITY-ST-ZIP	MIAMI FL 33133	5.4 CITY-ST-ZIP	***200.00
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Joel K. Goldman 4-12-96 305-859-4071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day and Month

CR2E034 (12/95)