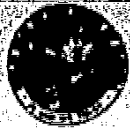


ALL FEES: PLEASE PAY AFTER MAY 15, 1995

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **294492** (4)
1. Corporation Name
GIL AIR AIRCRAFT PAINTING INC

Principal Place of Business: EXECUTIVE AIRPORT, 5601 N.W. 15TH AVENUE, FORT LAUDERDALE FL 33309
Mailing Address: EXECUTIVE AIRPORT, 5601 N.W. 15TH AVENUE, FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/02/1965
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-1107070
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. The corporation has liability for intangible tax under Section 199.013, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
CARON, GILLIS
5601 N.W. 15TH AVENUE
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0507 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: _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARON, GILLIS
STREET ADDRESS	5601 N.W. 15TH AVENUE
CITY, ST, ZIP	FORT LAUDERDALE FL
TITLE	SD
NAME	CARON, YOLANDA
STREET ADDRESS	5601 N.W. 15TH AVENUE
CITY, ST, ZIP	FORT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. This filer certifies that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.01(3)(b) Florida Statutes. Further, I certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if such officer or agent had filed an office or report of the corporation or the receiver or liquidator empowered to accept this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report or on an attachment with an address:

SIGNATURE: *Gilles Caron* *Gilles Caron* 4/28/95 305 491 6370
PRES