

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Yolanda B. Wortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY - 1 AM 7:50

DOCUMENT # **499988** (4)

1. Corporation Name:  
**GIL AVIATION INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **5601 NW 15TH AVENUE EXECUTIVE AIRPORT FT LAUDERDALE FL 33309**  
Mailing Address: **5601 NW 15TH AVENUE EXECUTIVE AIRPORT FT LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3a. Date of Last Report	
21	26	03/29/1976	06/01/1994
22. State, Apt. #, etc.		4. FEI Number	
27		59-1744342	
23. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
28		\$8.75 Additional Fee Required	
24. Co. County		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25. Co. County		\$5.00 May Be Added to Fees	
29		8. This corporation has for interest tax under C-193032. <input checked="" type="checkbox"/> No	
30			

9. Name and Address of Current Registered Agent

**CARON, GILLES**  
**5601 NW 15TH AVENUE**  
**FT 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 607.0502 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 607.0508, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARON, GILLES	1.2 NAME	
STREET ADDRESS	5601 NW 15TH AVENUE	1.3 STREET ADDRESS	
CITY, ST, ZIP	FT LAUDERDALE FL	1.4 CITY, ST, ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARON, YOLANDA	2.2 NAME	
STREET ADDRESS	5601 NW 15TH AVENUE	2.3 STREET ADDRESS	
CITY, ST, ZIP	FT LAUDERDALE FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1.19 (17C)(9)(b), 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 as Block 12 or Block 13 of Block 13 of this report, or as an attachment with an affidavit.

SIGNATURE: *Yolanda Caron* *Gilles Caron* 4/28/95 305 491 6370  
 SIGNATURE AND TYPED OR PRINTED NAME OF DOMING OFFICER OR DIRECTOR  
 PRES