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**Sep 08 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 # F93000002983 (5)
1. Corporation Name
CHABEL AVIATION, INC.



Principal Place of Business: C/O 200 S.E. BISCAYNE BLVD SUITE 4800 MIAMI FL 33131
Mailing Address: C/O 200 S.E. BISCAYNE BLVD SUITE 4800 MIAMI FL 33131

3. Date Incorporated or Qualified: 06/29/1993
3a. Date of Last Report: 03/22/1996

2. Principal Place of Business (21-24) and Mailing Address (25-28) fields with sub-fields for Suite, City & State, Zip, and Country.

4. FEI Number: 65-0418618
6. 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

9. Name and Address of Current Registered Agent: PENINSULA REGISTERED AGENTS, INC. 200 S. BISCAYNE BLVD SUITE 4800 MIAMI FL 33131

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TRIGUEROS, MANUEL	
STREET ADDRESS	C/O 200 S.BISCAYNE BLVD STE 4800	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VDAS	<input type="checkbox"/> DELETE
NAME	BOSCH, JORGE	
STREET ADDRESS	C/O 200 S.BISCAYNE BLVD STE 4800	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SOSA, CARLOS	
STREET ADDRESS	C/O 200 S.BISCAYNE BLVD 4800	
CITY-ST-ZIP	MIAMI FL 33131	
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?

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Jorge Bosch JORGE BOSCH 27 August '97 (502) 333 7047

CR2E034 (9/96)