

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 21 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 # **K28247** (0)

1. Corporation Name:
CLASSIC AVIATION, INC.



Principal Place of Business 11949 S.W. 75TH STREET MIAMI FL 33183	Mailing Address 11949 S.W. 75TH STREET MIAMI FL 33183-3721
---	--

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1988	3a. Date of Last Report 07/08/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0062575		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KOSTOFF, RODNEY 11949 S.W. 75TH STREET MIAMI FL 33183		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	85. 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		Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)		DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PTD	<input type="checkbox"/> DELETE				1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	KOSTOFF, RODNEY					1.2 NAME					
STREET ADDRESS	6920 SW 178 AVE					1.3 STREET ADDRESS					
CITY - ST - ZIP	FT LAUDERDALE FL					1.4 CITY - ST - ZIP					
TITLE	VSD	<input type="checkbox"/> DELETE				2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	KOSTOFF, BELKIS M.					2.2 NAME					
STREET ADDRESS	6920 SW 178 AVE					2.3 STREET ADDRESS					
CITY - ST - ZIP	FT LAUDERDALE FL					2.4 CITY - ST - ZIP					
TITLE	ASD	<input type="checkbox"/> DELETE				3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	ALMAQUER, OSCAR JR					3.2 NAME					
STREET ADDRESS	15027 SW 90TH STREET					3.3 STREET ADDRESS					
CITY - ST - ZIP	MIAMI FL					3.4 CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE				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		<input type="checkbox"/> DELETE				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		<input type="checkbox"/> DELETE				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 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: *Belkis Kostoff - Belkis Kostoff Vice President April 9, 97* (305) 274-3052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #