

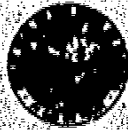
**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**95 APR 19 PM 4:43**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P93000078116 (9)**

1. Corporation Name  
**ZOTTI GROUP AVIATION, INC.**

Principal Place of Business Mailing Address  
**3800 NW 79 AVE.  
STE. 570  
MIAMI FL 33166  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/04/1993** 3a. Date of Last Report **03/24/1994**  
4. FEI Number **65-0449915** Applied For  Not Applicable  
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. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**ZOTTI, ROBERTO  
8801 W FLAGLER ST  
APT 108  
MIAMI FL 33174**

10. Name and Address of New Registered Agent  
81 Name **ROBERTO ZOTTI**  
82 Street Address (P.O. Box Number Is Not Acceptable)  
**5675 NW 84th AVE.**  
83  
84 City **MIAMI** FL 85 Zip Code **33160**

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>ZOTTI, ROBERTO</b>
STREET ADDRESS	<b>8801 W FLAGLER ST APT 108</b>
CITY - ST - ZIP	<b>MIAMI FL 33174</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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

1.1 TITLE	<b>President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ROBERTO ZOTTI</b>	
1.3 STREET ADDRESS	<b>5675 NW 84th AVE.</b>	
1.4 CITY - ST - ZIP	<b>MIAMI - FL 33166</b>	
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 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, trustee, or assignee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable, and on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **2-6-95** (305) 592-1753  
SIGNATURE AND TYPE OF OFFICER OR DIRECTOR OR SIGNING OFFICER OR DIRECTOR