

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

FILED
May 09 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 # P95000084037 (7)

1. Corporation Name
OMEGA AVIATION SERVICES, INC.



Principal Place of Business Mailing Address
4434 NORTHWEST 74TH AVENUE MIAMI FL 33166 **4434 NORTHWEST 74TH AVENUE MIAMI FL 33166-6443**

3. Date Incorporated or Qualified **11/01/1995** 3a. Date of Last Report **07/15/1996**
 4. FEI Number **65-0620159** 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. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **OMEGA AVIATION SERVICES, INC.** 21a **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **4434 NW 74 AVENUE** 27
 City & State City & State
 23 **MIAMI, FL** 28
 Zip Country
 24 **33166** 25 **DADE** 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
ANANIA, FRAN ESQ. 81 Name
ONE INTERNATIONAL PLACE, SUITE 3300 82 Street Address (P.O. Box Number is Not Acceptable)
100 SOUTHEAST SECOND STREET 83
MIAMI FL 33131-2144 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P LYNCH, DERMOT J	1.2 NAME	
STREET ADDRESS	10 KNOCKBEG POINT SHANNON AIRPORT	1.3 STREET ADDRESS	
CITY- ST- ZIP	COUNTY CLARE, IRELAND	1.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP MC EVADDY, ULICK	2.2 NAME	
STREET ADDRESS	COLLINSTOWN CROSS	2.3 STREET ADDRESS	
CITY- ST- ZIP	DUBLIN, IRELAND	2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP MC EVADDY, DESMOND	3.2 NAME	
STREET ADDRESS	COLLINSTOWN CROSS	3.3 STREET ADDRESS	
CITY- ST- ZIP	DUBLIN, IRELAND	3.4 CITY- ST- ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP PENTONY, BARBARA	4.2 NAME	
STREET ADDRESS	COLLINSTOWN CROSS	4.3 STREET ADDRESS	
CITY- ST- ZIP	DUBLIN, IRELAND	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: **X ANANIA, FRAN ESQ. PRESIDENT 4/28/97** 305-594-7714
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)