

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V10081** (0)

1. Corporation Name

FLIGHT TECH INTERNATIONAL, INC.



Principal Place of Business

13340 SW 90 TERR
#E
MIAMI FL 33186

Mailing Address

13340 SW 90 TERR
#E
MIAMI FL 33186

2. Principal Place of Business

2a. Mailing Address

21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

CHIRINO, RAFAEL E.
13340 SW 90 TERR
#E
MIAMI FL 33186

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement

Signature of the person who is authorized to sign this statement

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PST	<input type="checkbox"/> DELETE
NAME	CHIRINO, RAFAEL E.	
STREET ADDRESS	13340 SW 90 TERR #E	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHIRINO, RAFAEL E.	
STREET ADDRESS	13340 SW 90 TERR #E	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE		
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE		
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE		
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE		
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntary, truthful and does not qualify for the exemption statement in Section 119.07(3)(g), 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 a registered or authorized person to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 of the public records of the State of Florida.

SIGNATURE: *Rafael E. Chirino*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RAFAEL E. CHIRINO

3/11/96 (305) 3887704
DATE AND TELEPHONE NUMBER

CR2E034 (12/95)