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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000042010 (5)

A D F AIRCRAFT, CORP

FILED Apr 11 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 14532 SW 129 ST 14532 SW 129 ST MIAMI FL 33186 MIAMI FL 33186-5305						
					3. Date incorporated or Qualified 05/30/1995	3a. Date of Last Report 06/24/1996
	lace of Business	26. Mailing Address			4. FEI Number	Applied For
21 /453 Suite Apt	7 5W	26 5 n m Suite, Apt. #, etc.			65-0631218	Not Applicate \$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State		·	6. Election Campaign Financing	\$5.00 May Be
23 1/A		28			Trust Fund Contribution	Added to Fees
ZID 24 3316	86 25 Pade	Zip	Coun	try	8. This corporation has liability for i	intangible tax under s. 199.032,] Yes □ No
24 33/6	9. Name and Address of Curre	29 ant Registered Agent	30		Florida Statutes 10. Name and Address of New Re	
CAD	KAS, ALEX D			1 Name		
	32 SW 129 ST		<u> </u>		(DO Day N. wheeth Market	Ja'
	MI FL 33186],	Street Add	dress (P.O. Box Number is Not Acceptab	HB)
			8	33		
			le le	4 City		85 Zip Code
				, ,	rporation submits this statement for the pation's board of directors. I hereby accep	FL []
12. TITLE	Signature typed or printed care of registrate OFFICERS AI	gent and title if applicable ND DIRECTORS DELETE	13.		Jired when reinstained ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12 Change Addition
NAME	FARKAS, ALEX D	Land 19 Cong. 12	1.2 NAN	١.		
STREET ADDRESS	14532 SW 129 ST		1.3 STR	EET ADDRESS		
CITY - ST - 7IP	MIAMI FL 33186			'-ST-ZIP		
TITLE	VD	☐ DELETE	1	1		Change Addit
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C(1Y-51-ZIP			3.4. CIT	Y-ST-ZIP		
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NAME			4. 2 NAI			
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NAME CLASSI ANDRESS						
STREET ADDRESS			- 5	EET ADORESS		
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STREET ADDRESS			1	EET ADDRESS		
CITY-ST-2IP				-ST-ZIP		
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4. 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 and execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

4-7-97

Daytime Phone ♥