

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 262874

(1)

1. Corporation Name

MIAMI AVIATION CORPORATION

Principal Place of Business

14980 NW 44TH COURT
OPA LOCKA FL 33054

Mailing Address

14980 NW 44TH COURT
OPA LOCKA FL 33054

FILED
Jul 24 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/29/1962	3a. Date of Last Report 06/17/1996
4. FCI Number 59-0991806	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

ROBERT PALMER
SANCTUARY CENTER
4800 NORTH FEDERAL HIGHWAY
SUITE 200 E
BOCA RATON, FL 33431

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GAMBER, CLAYTON
STREET ADDRESS 5050 HANCOCK ROAD
CITY-ST-ZIP FT. LAUDERDALE FL 33330 ☐ DELETE

TITLE VD
NAME KRAMER, KNUT
STREET ADDRESS 8105 S. HIGHWAY AIA
CITY-ST-ZIP MELBOURNE FL 32951 ☐ DELETE

TITLE S
NAME GAMBER, ROBIN V
STREET ADDRESS 5050 HANCOCK ROAD
CITY-ST-ZIP FT. LAUDERDALE FL 33330 ☐ DELETE

TITLE D
NAME RUDD, CLAYTON A
STREET ADDRESS 2533 N. CARSON STREET
CITY-ST-ZIP CARSON CITY NV ☒ DELETE

TITLE D
NAME CAPORELLA, ROBERT N
STREET ADDRESS 14980 N.W. 44TH COURT
CITY-ST-ZIP MIAMI FL 33054 ☐ DELETE

TITLE D
NAME MARTINS, J.P.
STREET ADDRESS 14980 N.W. 44TH COURT
CITY-ST-ZIP MIAMI FL 33054 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 this 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

[Signature]

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-07/25/97--01006--023
***550.00

7/17/97 2:51:05-7313

CR2E034 (4/97)