SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98 $61.25 (IF DISSOLVED MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Oct 08 1998 8:00am
Secretary of State

0005468

DOCUMENT # **768111** **(7)**

1. Corporation Name
FLORIDA AVIATION MUSEUM, INC.

Principal Place of Business
7951 S.W. 36 TERRACE
MIAMI FL 33155

Mailing Address
7951 S.W. 36 TERRACE
MIAMI FL 33155

3. Date Incorporated or Qualified
04/22/1983

4. FEI Number
59-2438904 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? [ ] Yes [X] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [X] No

21 Principal Place of Business
22 Suite, Apt #, etc.
23 City & State
24 Zip
25 Country

26 Mailing Address
27 Suite, Apt #, etc.
28 City & State
29 Zip
30 Country

9. **Name and Address of Current Registered Agent**
OTERO, ENRIQUE
11021 N.W. 7TH STREET
APT. #203
MIAMI FL 33172

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 617.0502 and 617.1008, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature - typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	DP	[ ] DELETE
NAME	DIAZ-LANZ, MARCOS	
STREET ADDRESS	7951 SW 36TH TER	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VPD	[ ] DELETE
NAME	GARCIA, RENE	
STREET ADDRESS	12725 S.W. 112 TERRACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	STD	[ ] DELETE
NAME	DIAZ-MARTINEZ, NERINA	
STREET ADDRESS	683 PELICAN COURT	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] (MARCOS DIAZ-LANZ) DIRECTOR Sept 14/98 (305) 264-8859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)