

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # F60790 (5)

1. Corporation Name
AIR OVERSEAS, INC.

95 JAN 13 AM 9:01

Principal Place of Business Mailing Address
7800 RED ROAD SUITE 114 S MIAMI FL 33143-5523

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/11/1982	3a. Date of Last Report 04/26/1994
4. FEI Number 59-2145480	Applied For <input type="checkbox"/> 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 has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent STILLE, GEORGE 5871 SW 80TH STREET SOUTH MIAMI FL 33143	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL
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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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	NAME STILLE, GEORGETTE GM	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5871 SW 80TH ST	CITY ST ZIP S MIAMI FL	1.2 NAME	
TITLE P	NAME STILLE, GEORGE	1.3 STREET ADDRESS	
STREET ADDRESS 5871 SW 80TH ST	CITY ST ZIP S MIAMI FL	1.4 CITY ST ZIP	
TITLE S	NAME STILLE, INGRID	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5871 SW 80TH ST	CITY ST ZIP S MIAMI FL	2.2 NAME	
TITLE VP	NAME STILLE, NILS A.	2.3 STREET ADDRESS	
STREET ADDRESS 7104 SW 114TH PL. UNIT A	CITY ST ZIP MIAMI FL	2.4 CITY ST ZIP	
TITLE	NAME	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY ST ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY ST ZIP	3.4 CITY ST ZIP	
TITLE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY ST ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY ST ZIP	4.4 CITY ST ZIP	
TITLE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY ST ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY ST ZIP	5.4 CITY ST ZIP	
TITLE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY ST ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY ST ZIP	6.4 CITY ST ZIP	

14. I, the undersigned, certify that the information supplied with this block is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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, and I am an officer or director of the corporation or the executor 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 or on an attachment with an address.

SIGNATURE:  **George Stille, President** January 6, 1995 305 665 8109