

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000003098 (0)

1. Corporation Name

AVIA GROUP INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

9605 S.W. NIMBUS AVENUE
BEAVERTON OR 97005

9605 S.W. NIMBUS AVENUE
BEAVERTON OR 97005

3. Date Incorporated or Qualified

06/14/1994

3a. Date of Last Report

02/14/1995

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

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DE BOER, HARRY	
STREET ADDRESS	9605 S.W. NIMBUS AVENUE	
CITY-ST-ZIP	BEAVERTON OR	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KOSKI, KENT E	
STREET ADDRESS	9605 S.W. NIMBUS AVENUE	
CITY-ST-ZIP	BEAVERTON OR	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DOUGLAS III, JOHN B	
STREET ADDRESS	100 TECHNOLOGY CENTER DRIVE	
CITY-ST-ZIP	STOUGHTON MA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DUNCAN, PAUL R	
STREET ADDRESS	100 TECHNOLOGY CENTER DRIVE	
CITY-ST-ZIP	STOUGHTON MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FIREMAN, PAUL	
STREET ADDRESS	100 TECHNOLOGY CENTER DRIVE	
CITY-ST-ZIP	STOUGHTON MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert E. Slattery	
1.3 STREET ADDRESS	9605 S.W. Nimbus Avenue	
1.4 CITY-ST-ZIP	Beaverton, OR	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Vannoni, Leo	
2.3 STREET ADDRESS	100 Technology Center Drive	
2.4 CITY-ST-ZIP	Stoughton, MA 02072	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Nagler, Barry	
3.3 STREET ADDRESS	100 Technology Center Drive	
3.4 CITY-ST-ZIP	Stoughton, MA 02072	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Duncan, Paul R	
4.3 STREET ADDRESS	100 Technology Center Drive	
4.4 CITY-ST-ZIP	Stoughton, MA 02072	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry Nagler

1/30/96 (617) 341-7391

Date

Daytime Phone #

CR2E034 (12/95)