


FILED

May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		May 01 1997 8:00am Secretary of State	
DOCUMENT # F94000006096 (1)					
1. Corporation Name TM AVIATION (USA) INC.					
Principal Place of Business % TOMEN AMERICA INC. 1285 AVENUE OF THE AMERICAS, 36TH FLOOR NEW YORK NY 10019			Mailing Address % TOMEN AMERICA INC. 1285 AVENUE OF THE AMERICAS, 36TH FLOOR NEW YORK NY 10019-6088		
2. Principal Place of Business			2a. Mailing Address		3. Date Incorporated or Qualified 11/30/1994
21			26		3a. Date of Last Report 05/01/1996
Suite, Apt #, etc.			Suite, Apt #, etc.		4. FEI Number 13-3664835
22			27		Applied For Not Applicable
City & State			City & State		5. Certificate of Status Desired \$8.75 Additional Fee Required
23			28		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip			Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
24			30		
Country			Country		
25			29		
9. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES, INC. 1201 HAYS ST TALLAHASSEE FL 32301			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					
(NOTE: Registered Agent signature required when reinstating)					
DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
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 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: X					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone: #					