

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F95000004072 (3)

1. Corporation Name

UTS AIR LIMITED, INC.



Principal Place of Business: **16921 NW 20TH AVE. MIAMI FL 33056**
 Mailing Address: **16921 NW 20TH AVE. MIAMI FL 33056**

3. Date Incorporated or Qualified: **08/22/1995**
 3a. Date of Last Report

2. Principal Place of Business (21-24)
 2a. Mailing Address (25-30)
 Suite, Apt. #, etc. (22, 27)
 City & State (23, 28)
 Zip (24, 29) Country (25, 30)

4. FEI Number: **NOT APPLICABLE**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CARDENA, RENE F
 16921 NW 20TH AVE.
 MIAMI FL 33056**

10. Name and Address of New Registered Agent (81-85)
 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

TITLE	D	<input type="checkbox"/> DELETE
NAME	JEFFREY, WILLIAM	
STREET ADDRESS	14 HANDYSIDE ST.	
CITY - ST - ZIP	BELIZE CITY BELIZE CENTRAL A	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JEFFREY, JEAN	
STREET ADDRESS	14 HANDYSIDE ST.	
CITY - ST - ZIP	BELIZE CITY BELIZE CENTRAL A	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HERTER, JUERGEN	
STREET ADDRESS	14 HANDYSIDE ST.	
CITY - ST - ZIP	BELIZE CITY BELIZE CENTRAL A	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARDENA, RENE	
STREET ADDRESS	16921 NW 20TH AVE.	
CITY - ST - ZIP	MIAMI FL 33056	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	ANA DE INOCENTI	
13 STREET ADDRESS	16921 NW 20 AVE.	
14 CITY - ST - ZIP	MIAMI FLA. 33056	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: **RENE CARDENA** 8/5/96 (305) 871-9445
 SIGNATURE AND TYPE OF REGISTERED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)