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

**CORPORATION** ANNUAL REPORT



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

1996

G41643

**DOCUMENT #** 1. Corporation Name

(9)

**FILED** Mar 19 1996 8:00 am Secretary of State

AVION	1 1 HAVEL, INC.										
Principal Place	e of Business	Mailing	Address	<del></del>			T HERMIN FRAN DIABN MINIS BAND BIRAN	ENICONAL DI	AL CLOCK CIDIL	OHOLI DIĞÜL İVVI	
1895 W. COMMERCIAL BLVD.			1895 W. COMMERCIAL BLVD. Swife=245								
ft. Lauder US	DALE FL 33309	FT. LI US	FT. LAUDERDALE FL 33309 US				3. Date Incorporated or Qualified 3a. Date of Lat 05/25/1983 04/11/			•	
<del></del> -	lace of Business	2a. Mail	ıng Address				4. FEI Number	1		Applied For	
21		26					59-2296612			Not Applicable	
	Suite, Apt. #, etc. Suite 130 Suite 27 Suite						5. Certificate of Status Desired		7	Additional Required	
22 Suit 6 130 27 City & State			Suite 130 City & State				6. Election Campaign Financing				
23	•	28	a Grate				Trust Fund Contribution			<b>0</b> May Be d to Fees	
Zip	Country	Zip		Counti	ry		8. This corporation has liability for i	ntangible t			
24	25	29	30	•		Florida Stalutes 🔲 Yes 🔼 No					
	9. Name and Address of Curre	ent Registered	Agent	·	~ -		10. Name and Address of New R	egistered	Agent		
				8	1	Name					
Hughey, Bonnie J. 1500 san Remo Avenue				8	2	Street A	ddress (P.O. Box Number is Not Acceptable)				
SUITE :				6	3						
	GABLES FL <del>33146</del>			8	4	City		FL	85 Zij	p Code 1 <b>46–3</b> 04	
SIGNATURE	Signature, typed or printed name of registered age	or and the Lappical	. <del>.</del>		en;	signature rec	arrod wher reinstalings	DATE	D DIDECTO	NOC IN 10	
12.	VTD OFFICENS A	NO DINECTOR	DELETE	13.	F.	T	ADDITIONS/CHANGES TO OFF		Change		
NAME	YOUNG, DAVID		<u> </u>	1.2 NAM						44	
STREET ADDRESS	1500 SAN REMO AVENUE	SHITE 245		1		ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL	OOI16 240		1.4 CITY					33146	3054	
THLE	**************************************		<b>™</b> DELETE	2 1 TITL					Change	☐ Addition	
NAME	RATHY FEDELIA			2 2 NAM	É						
STREET ADDRESS	#500 SANFREMO AVENUE	SUITE ⊉45		2 3 STRE	ET 4	ADDRESS					
CITY-ST-ZIP	CORAL CASLES FL	,		2.4 CHTY	- ST	- ZIP					
TITLE	V		☐ DELETE	3 1 TITL	E	1			☐ Change	Addition	
NAME	HUGHEY, BONNIE J.			3.2 NAM	E						
STREET ADDRESS	1500 SAN REMO AVE., SU	TE 239		33 STRI	133	ADDRESS			22140	0045	
CITY-ST-ZIP	CORAL GABLES FL		Dr. crr	3 4 CITY		- ŽIP				-3047	
TITLE	ASAT		DELETE	4 1 TITL					☐ Change	Addition	
NAME	HUGHEY, BONNIE J.	••		4 2 NAM							
STREET ADDRESS		<b>5</b> 9				SZERDCA			33146	-3047	
CITY-ST-ZIP TITLE	CORAL GABLES FL		<b>K</b> ) DELETE	4.4 CITY 5. 1 TITL		1-ZIP			Change		
NAME	*AHMA-BOOMES		es vereit	5. 1 11N. 5.2 NAM					☐ onung	☐ Vooitigit	
STREET ADDRESS	SA BOUT SERVED STATES TO SERVED STATES T	<b>±</b>				ADDRESS					
	# 1500 SAN-REMO =\VE=#24 €CORAL =QABELS: EL	₹		5.3 STRE							
CHTY-ST-ZIP	TAPAL TROCES FL		DELETE	6. 1 TITL			P/S/D		Change	X Addition	
NAME				6.2 NAM			Young, Judith C.		o.idingo	EZI MOGREDII	
STREET ADDRESS				1		ADDRESS	1500 San Remo Aven	ue.	Suite	245	
CITY-ST-ZIP				6.4 CITY			Coral Gables, FL		6-305		
UHT-31-4P	1			■ 0.4 UHT	. 01	- Z1F					

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 en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE: January of Higher of High

3/14/96

(305)662-9324

Daytime Prione #