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Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G41643 (9)

1. Corporation Name
AVION TRAVEL, INC.



Principal Place of Business
1895 W. COMMERCIAL BLVD.
SUITE 130
FT. LAUDERDALE FL 33309-3065
US

Mailing Address
1895 W. COMMERCIAL BLVD.
SUITE 130
FT. LAUDERDALE FL 33309-3065
US

3. Date Incorporated or Qualified 05/25/1983
3a. Date of Last Report 03/19/1996

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip Country
24. 33309-3065 25.

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip Country
29. 33309-3065 30.

4. FEI Number 59-2296612
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
HUGHEY, BONNIE J.
1500 SAN REMO AVENUE
SUITE 239
CORAL GABLES FL 33146-3047

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)

12. OFFICERS AND DIRECTORS

TITLE	VTD	<input type="checkbox"/> DELETE
NAME	YOUNG, DAVID	
STREET ADDRESS	1500 SAN REMO AVENUE SUITE 245	
CITY-ST-ZIP	CORAL GABLES FL 54	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	YOUNG, JUDITH C	
STREET ADDRESS	1500 SAN REMO AVENUE SUITE 245	
CITY-ST-ZIP	CORAL GABLES FL 54	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HUGHEY, BONNIE J.	
STREET ADDRESS	1500 SAN REMO AVE., SUITE 239	
CITY-ST-ZIP	CORAL GABLES FL 47	
TITLE	ASST	<input checked="" type="checkbox"/> DELETE
NAME	HUGHEY, BONNIE J.	
STREET ADDRESS	1500 SAN REMO AVE., #239	
CITY-ST-ZIP	CORAL GABLES FL 47	
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	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Young, David F.	
13 STREET ADDRESS	1500 San Remo Ave., Suite 245	
14 CITY-ST-ZIP	Coral Gables, FL 33146-3054	
21 TITLE	P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Young, Judith C.	
23 STREET ADDRESS	1500 San Remo Ave., Suite 245	
24 CITY-ST-ZIP	Coral Gables, FL 33146-3054	
31 TITLE	V/AS/AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Hughey, Bonnie J.	
33 STREET ADDRESS	1500 San Remo Ave., Suite 239	
34 CITY-ST-ZIP	Coral Gables, FL 33146-3047	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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: *Bonnie J. Hughey* 4/13/97 (305) 662-9324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)