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Mar 25 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 # H23656 (2)  
1. Corporation Name  
AIRCRAFT INTERIOR DESIGN, INC.



Principal Place of Business Mailing Address  
3640 NW 52ND ST.(MIAMI, FL. 33142) 3640 NW 52ND ST.(MIAMI, FL. 33142)  
P.O. BOX 52-2531 P.O. BOX 52-2531  
MIAMI FL 33152-2531 MIAMI FL 33152-2531  
US US

3. Date Incorporated or Qualified 10/02/1984  
3a. Date of Last Report 05/01/1996

21	2. Principal Place of Business 13000 N.W. 38th Ave State Apt. # etc.	26	2a. Mailing Address P.O. Box 52-2752 State, Apt. #, etc.	4.	FEI Number 59-2449132 Applied For Not Applicable
22	22	27	27	5.	Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	23 City & State OPA Locka FL	28	28 City & State W. Miami FL	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	24 Zip 33054	25	25 Country USA	29	29 Zip 33152-2752
		30	30 Country USA	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

CATLIN, H. JAMES, JR.  
169 EAST FLAGLER STREET  
SUITE 1700  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	V	<input checked="" type="checkbox"/> DELETE
NAME	CHARLES, ROBERT D.	
STREET ADDRESS	6456 MIAMI LAKES DR. E.	
CITY-STATE-ZIP	MIAMI LAKES FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	QUEVEDO, BENITO	
STREET ADDRESS	301 COSTA BRAVA CT	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	QUEVEDO, DAMARIS	
STREET ADDRESS	5437 SW 148 CT	
CITY-STATE-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	QUEVEDO, MARTHA P	
STREET ADDRESS	301 COSTA BRAVA CT	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	NAME	
1.3	STREET ADDRESS	
1.4	CITY-STATE-ZIP	
2.1	TITLE	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	NAME	
2.3	STREET ADDRESS	
2.4	CITY-STATE-ZIP	
3.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	NAME	
3.3	STREET ADDRESS	
3.4	CITY-STATE-ZIP	
4.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	NAME	
4.3	STREET ADDRESS	
4.4	CITY-STATE-ZIP	
5.1	TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2	NAME	John C. Costa
5.3	STREET ADDRESS	248 N.W. 81 Terr.
5.4	CITY-STATE-ZIP	Coral Springs FL 33071
6.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	NAME	
6.3	STREET ADDRESS	
6.4	CITY-STATE-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 contained 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: \_\_\_\_\_ DATE: 3/21/97 DAYTIME PHONE: \_\_\_\_\_

CR2E034 (9/96)