

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 21 PM 2:41

DOCUMENT # J57415

(8)

1. Corporation Name

IAL AVIATION RESOURCES, INC.

Principal Place of Business

950 S.E. 12TH STREET
HIALEAH FL 33010

Mailing Address

950 S.E. 12TH STREET
HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE:

3. Date Incorporated or Qualified

02/17/1987

3a. Date of Last Report

08/10/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0027196

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

10. Name and Address of New Registered Agent

FINAZZO, NICOLAS
950 SE 12TH STREET
HIALEAH FL 33010

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 607.1503, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CPD
NAME	BATCHELOR, GEORGE E.
STREET ADDRESS	950 S.E. 12TH STREET
CITY-ST-ZIP	HIALEAH FL
TITLE	T
NAME	HIGGINS, JOHN
STREET ADDRESS	950 SE 12TH STREET
CITY-ST-ZIP	HIALEAH FL
TITLE	DS
NAME	BATCHELOR, ANNE O
STREET ADDRESS	950 SE 12TH STREET
CITY-ST-ZIP	HIALEAH FL
TITLE	V
NAME	MESECHER, BOYD D.
STREET ADDRESS	950 SE 12TH ST.
CITY-ST-ZIP	HIALEAH FL
TITLE	AS
NAME	DAWSON, HUMPHREY
STREET ADDRESS	950 SE 12TH ST.
CITY-ST-ZIP	HIALEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☒ Addition
1.2 NAME	✓ MARIANNE T. BATCHELOR
1.3 STREET ADDRESS	950 SE. 12TH ST.
1.4 CITY-ST-ZIP	HIALEAH, FL 33010
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	✓ VAS NICOLAS FINAZZO
2.3 STREET ADDRESS	950 SE. 12TH ST.
2.4 CITY-ST-ZIP	HIALEAH, FL 33010
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	✓ V RAYMOND S. WALKER
3.3 STREET ADDRESS	950 SE. 12TH ST.
3.4 CITY-ST-ZIP	HIALEAH, FL 33010
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Anne O. Batchelor
ANNE O. BATCHELOR - SECRETARY

2-7-95 (305) 887-4500