FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J57415** **(8)**

1. Corporation Name

IAL AVIATION RESOURCES, INC.

Principal Place of Business	Mailing Address
950 S.E. 12TH STREET HIALEAH FL 33010	950 S.E. 12TH STREET HIALEAH FL 33010

3. Date Incorporated or Qualified: **02/17/1987**

3a. Date of Last Report: **03/21/1995**

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FINAZZO, NICOLAS
950 SE 12TH STREET
HIALEAH FL 33010

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 617.1502, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPD	☐ DELETE	11 TITLE	✓	☐ Change ☒ Addition
NAME	BATCHELOR, GEORGE E.		12 NAME	WALKER, RAYMOND	
STREET ADDRESS	950 S.E. 12TH STREET		13 STREET ADDRESS	950 SE 12 ST	
CITY-ST-ZIP	HIALEAH FL		14 CITY-ST-ZIP	HIALEAH FL. 33010	
TITLE	T	☐ DELETE	21 TITLE	D	☐ Change ☒ Addition
NAME	HIGGINS, JOHN		22 NAME	FERRARESI, DANIEL	
STREET ADDRESS	950 SE 12TH STREET		23 STREET ADDRESS	950 SE 12 ST	
CITY-ST-ZIP	HIALEAH FL		24 CITY-ST-ZIP	HIALEAH, FL. 33010	
TITLE	DS	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	BATCHELOR, ANNE O		32 NAME		
STREET ADDRESS	950 SE 12TH STREET		33 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		34 CITY-ST-ZIP		
TITLE	V	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	MESECHER, BOYD D.		42 NAME		
STREET ADDRESS	950 SE 12TH ST.		43 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		44 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	DAWSON, HUMPHREY		52 NAME		
STREET ADDRESS	950 SE 12TH ST.		53 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	BATCHELOR, MARIANNE T.		62 NAME		
STREET ADDRESS	950 SE 12TH STREET		63 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		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)(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: Anne O. Batchelor 4-10-96 305 887-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ANNE O. BATCHELOR, SECRETARY

CR2E034 (12/95)