

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 950 S.E. 12TH STREET HIALEAH FL 33010	Mailing Address 950 S.E. 12TH STREET HIALEAH FL 33010
---------------------------------------------------------------------------------	---------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/17/1987	
21	26	4. FEI Number 65-0027196		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country		29 Country		30	

9. Name and Address of Current Registered Agent HENRICKSON, MICHAEL R 950 SE 12TH STREET HIALEAH FL 33010				10. Name and Address of New Registered Agent			
81 Name POLK, RHONDA S.		82 Street Address (P.O. Box Number is Not Acceptable) 950 S.E. 12th STREET		83		84 City HIALEAH	
				85 State FL		86 Zip 33010	

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: *Rhonda S Polk, Asst. Secretary* DATE: *5/16/98*

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CPD	<input type="checkbox"/> DELETE	11 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATCHELOR, GEORGE E.		12 NAME				
STREET ADDRESS	950 S.E. 12TH STREET		13 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL		14 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	21 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, JOHN		22 NAME				
STREET ADDRESS	950 SE 12TH STREET		23 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL		24 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	31 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRARESI, DANIEL J		32 NAME				
STREET ADDRESS	950 SE 12TH STREET		33 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL		34 CITY-ST-ZIP				
TITLE	V	<input checked="" type="checkbox"/> DELETE	41 TITLE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MESECHER, BOYD D.		42 NAME	SIMKOVITZ, LEONARD			
STREET ADDRESS	950 SE 12TH ST.		43 STREET ADDRESS	950 SE 12th STREET			
CITY-ST-ZIP	HIALEAH FL		44 CITY-ST-ZIP	HIALEAH, FL			
TITLE	AS	<input type="checkbox"/> DELETE	51 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> 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	DS	<input type="checkbox"/> DELETE	61 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Rhonda S Polk, Asst. Secretary* DATE: *4/16/98* PHONE: *(305) 889-6222*

CR2E034 (10/97)

OFFICERS & DIRECTORS

COMPANY: IAL AVIATION RESOURCES, INC.

<u>Title</u>	<u>Name</u>	<u>Address</u>
V	Walker, Raymond S.	950 S.E. 12 th Street Hialeah, FL
AS	Polk, Rhonda S.	950 S.E. 12th Street Hialeah, FL