


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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90107 030 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J57415

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 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0027196	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POLK, RHONDA S 950 S E 12TH ST HIALEAH FL 33010				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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATCHELOR, GEORGE E.		1.2 NAME	TIRRI, SR. ANTHONY C.	
STREET ADDRESS	950 S.E. 12TH STREET		1.3 STREET ADDRESS	950 SE 12TH STREET	
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP	HIALEAH, FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, JOHN		2.2 NAME	EBERT, JOHN C.	
STREET ADDRESS	950 SE 12TH STREET		2.3 STREET ADDRESS	950 SE 12TH STREET	
CITY-ST-ZIP	HIALEAH FL		2.4 CITY-ST-ZIP	HIALEAH, FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRARESI, DANIEL J		3.2 NAME		
STREET ADDRESS	950 SE 12TH STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		3.4 CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMKOVITZ, LEONARD		4.2 NAME	TIRRI, JR. ANTHONY C.	
STREET ADDRESS	950 S E 12TH ST		4.3 STREET ADDRESS	950 SE 12TH STREET	
CITY-ST-ZIP	HIALEAH FL		4.4 CITY-ST-ZIP	HIALEAH, FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWSON, HUMPHREY		5.2 NAME	POLK, RHONDA, S.	
STREET ADDRESS	950 SE 12TH ST.		5.3 STREET ADDRESS	950 SE 12TH STREET	
CITY-ST-ZIP	HIALEAH FL		5.4 CITY-ST-ZIP	HIALEAH, FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATCHELOR, MARIANNE T.		6.2 NAME	TIRRI, JEAN M.	
STREET ADDRESS	950 SE 12TH STREET		6.3 STREET ADDRESS	950 SE 12TH STREET	
CITY-ST-ZIP	HIALEAH FL		6.4 CITY-ST-ZIP	HIALEAH, FL	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(5)(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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 (305) 889-6222

Date

Daytime Phone #

CR2E034 (1/98)