SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT** # (3) AIRCRAFT DEVELOPMENT FLIGHT AIRWAYS CORP. Principal Place of Business Mailing Address 14532 SOUTHWEST 129 STREET 8241 SOUTHWEST 32 TERRACE MIAMI FL 33180 **MIAMI FL 33155** 3. Date Incorporated or Qualified 3a. Date of Last Report 04/06/1988 04/19/1995 2. Principal Place of Business Mailing Address 2a. 4. FEI Number Applied For 21 26 65-0064329 Not Applicable Suite, Apt. #, etc. Suite Apt #, atc \$8.75 Additional 5. Cert-licate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country Country 8. This corporation has liability for intangible tax under sil 199.032, 24 25 29 30 Florida Statutes Yes 😼 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FARKAS, ALIX DERLY 8241 SW 32ND TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33155** 83 84 City 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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent. SIGNATURE required when ternshiring) DAIL 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)TITLE DELETE 1 1 TITLE Change Addition NAME FARKAS, ALIX DERLY 1.2 NAME **CR2E034** 8241 SW 32ND TERRACE STREET ADDRESS 1.3 STREET ADORESS MIAMI FL 33155 CITY - ST - ZIP 1.4 CITY - ST - 20P TITLE DELETE 211166 Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-S1-ZIP 2 4 CiTY - ST- ZIP TITLE DELETE 3:1ITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST- ZIP 3.4 CITY-ST-ZIP TITLE DELETE 417111.6 Change Addition 4. 2 NAME 5 STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - S1 - ZIP TITLE DELETE 5.1 IIII 6 Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST-ZIP 5.4 CITY - ST - ZIP TITLE 500001893385ange Addition DELETE 61T:TLE -07/15/96--01019--047 NAME 6.2 NAME ***233.75 STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP € 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)(k). 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 eath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Fiorida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

7-2-96 3052336648