

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

FILED

Jan 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K44388

(2)

1. Corporation Name  
AVMAN, INC.

Principal Place of Business

1800 NW LE JEUNE RD  
SUITE 200  
MIAMI FL 33126  
US

Mailing Address

1800 NW LE JEUNE RD  
SUITE 200  
MIAMI FL 33126-1478  
US



3. Date Incorporated or Qualified  
11/09/1988

3a. Date of Last Report  
06/06/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number

65-0090919

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

ARIAS-SCHREIBER, CLAUDIA  
1600 NW LE JEUNE RD  
STE. 200  
MIAMI FL 33126

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 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

|                 |                     |        |
|-----------------|---------------------|--------|
| TITLE           | D                   | DELETE |
| NAME            | BOOTH, ROBERT C.    |        |
| STREET ADDRESS  | 1800 NW LE JEUNE RD |        |
| CITY - ST - ZIP | MIAMI FL            |        |
| TITLE           | D                   | DELETE |
| NAME            | BOOTH, ROBERT E.    |        |
| STREET ADDRESS  | 1800 NW LE JEUNE RD |        |
| CITY - ST - ZIP | MIAMI FL            |        |
| TITLE           | D                   | DELETE |
| NAME            | BOOTH, VALERIE      |        |
| STREET ADDRESS  | 1800 NW 42ND AVE.   |        |
| CITY - ST - ZIP | MIAMI FL 33126      |        |
| TITLE           | V                   | DELETE |
| NAME            | BOOTH, GUY          |        |
| STREET ADDRESS  | 1800 NW 42ND AVE.   |        |
| CITY - ST - ZIP | MIAMI FL 33126      |        |
| TITLE           |                     | DELETE |
| NAME            |                     |        |
| STREET ADDRESS  |                     |        |
| CITY - ST - ZIP |                     |        |
| TITLE           |                     | DELETE |
| NAME            |                     |        |
| STREET ADDRESS  |                     |        |
| CITY - ST - ZIP |                     |        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |        |          |
|---------------------|--------|----------|
| 1.1 TITLE           | Change | Addition |
| 1.2 NAME            |        |          |
| 1.3 STREET ADDRESS  |        |          |
| 1.4 CITY - ST - ZIP |        |          |
| 2.1 TITLE           | Change | Addition |
| 2.2 NAME            |        |          |
| 2.3 STREET ADDRESS  |        |          |
| 2.4 CITY - ST - ZIP |        |          |
| 3.1 TITLE           | Change | Addition |
| 3.2 NAME            |        |          |
| 3.3 STREET ADDRESS  |        |          |
| 3.4 CITY - ST - ZIP |        |          |
| 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 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 vice president 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 of this filing, or on an attachment with an address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/97 876 9339  
Date Daytime Phone #

CR2E034 (9/96)