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

May 15 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # K74754 (8) C J AVIATION INC. Principal Place of Business Mailing Address 12231 SW 131 AVE 12231 8W 131 AVE MIAMI FL 33186 MIAMI FL 33186-6401 3a. Date of Last Report 3. Date Incorporated or Qualified 03/23/1989 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 13-8505271 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, X Yes 🗌 No 24 25 29 Florida Statutes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DUFFIE, CHARLIE 13015 SW 80 AVE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33156** 83 84 Zip Code City 85 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 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 (NOTL: Registered Agent signature required when refristating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) DELETE Change Addition TITLE 1.1 DIDLE DUFFIE, CHARLIE 12 NAME NAME 13015 SW 80 AVE. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33156 CITY-ST-ZIP 1.4 CITY-ST-ZIF DELFTE Addition Channe TITLE 21 1/116 22 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - 7/F DELETE Change Addition TITLE 31 1/116 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-S1-7/P DELETE Change Addition TITLE 4.1 Tribe NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS ITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TILE 6.1 TITLE

6.2 NAME

ichment with an address.

6.3 STREET ADDRESS

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 Statules. 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 receipt 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 chapter of or property or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name and response in Block 12 or Block 13 if chapter of or property or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

TREET ADDRESS

SIGNATURE:

appears in Block 12 or Block 13 if changed, or op-

TTY-ST-ZIP

305-378-1469

FILED