

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # K93048 (2)

95 JAN 13 AM 10:10

1. Corporation Name

TRANS GLOBAL AVIATION RESOURCES, INCORPORATED

Principal Place of Business

**% MAURICE SALOMONSKY, JR
4944 NW 94TH DORAL PLACE
MIAMI FL 33178**

Mailing Address

**% MAURICE SALOMONSKY, JR
4944 NW 94TH DORAL PLACE
MIAMI FL 33178**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1989

3a. Date of Last Report

01/27/1994

4. FEI Number

65-0165075

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SALOMONSKY, MAURICE JR
4944 NW 94TH DORAL PLACE
MIAMI FL 33178**

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 of Registered Agent or Registered Agent and State of Incorporation)

(Signature of Registered Agent or Registered Agent and State of Incorporation)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**DPS
SALOMONSKY, MAURICE JR
4944 NW 94TH DORAL PLACE
MIAMI FL**

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**T
SALOMONSKY, MAURICE JR
4944 NW 94TH DORAL PLACE
MIAMI FL**

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.07(2)(b), Florida Statutes. Further, I certify that the information indicated on this annual report or supplementary 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 incorporator of the corporation incorporated to use this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, 2 or Block 1, 3 of changed, or on an attachment, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAURICE SALOMONSKY, JR.

01/06/95

305 591-3932