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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L11654 UNITECH AVIATION SYSTEM INC.

(5)

FILED Jun 16 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 1375 N.W. 97TH AVE. P O BOX 522953 #8 MIAMI FL 33152-2953									
MIAMI FL 33172 US	US				3. Date Incorporated or Qualified 08/28/1989		e of Last F 4/1996	Report	
2. Principal Place of Business	2a. Mailing Address			· ···	4. FEI Number	1 00/1-		pplied For	
21	26				65-0161008			ot Applicable	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	4		Additional	
22	27				V. Certificate of Status Desired			equired	
City & State City & Stato					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip Country					8. This corporation has flability for intangible tax under s. 199.032.				
24 25	29	30			Florida Statutes Yes No				
9, Name and Address of Current	Registered Agent				10. Name and Address of New Reg	gistered Aç	gent		
BATISTA, JOAQUIN		8	31	Name					
13370 SW 23 STREET		8	2	Street Addre	dress (P.O. Box Number is Not Acceptable)				
MIAMI FL 33175		_	3						
		ľ	13						
i		8	4	City		FL	65 Zip	Code	
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Stati	utes, the abo	ove-	named corpo	ration submits this statement for the pe	irnosa of c	hanging i	ls registered	
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obtigal	of Florida. Such change was ions of, Section 607.0505, F	s authorized Florida Statut	by i les.	the corporatio	on's board of directors. I hereby accep	t the appoi	ntment as	registered	
SIGNATURE									
Signature, typod or printed name of registered agen 12. OFFICERS AND			\gent	l a gnature require		DATE			
12. OFFICERS AND	DELETE	13. 1.1 TiTLE			ADDITIONS/CHANGES TO OFFIC		DIRECTOR Change	RS IN 12	
NAME BATISTA, JOAQUIN	Dittie	1.2 NAM				L	_ Unange	L_J AUGILIUM	
STREET ADDRESS 13370 SW 23 STR				LDDRESS					
CITY-ST-ZIP MAMI FL		1.4 CITY							
TITLE ST			2.1 TITLE				Change	Addition	
NAME BATISTA, RUBEN			: 2.2 NAME						
	7415 SW 38 STR		2.3 STREET ADDRESS						
				- ZIP					
TITLE	☐ DELETE	3 1 TITLE					Change	Addition	
NAME STREET ADDRESS		3 2 NAM		DDD100				}	
CITY-ST-ZIP		3 3 STAE			•				
TITLE	☐ DELETE	3.4. CITY 4.1 TITLE		- 211	1	- 1	Change	Addition	
NAME		4. 2 NAM				_	090	- 100(10)	
STREET ADDRESS		4.3 STRE		DDRESS					
CITY-ST-ZIP		4.4 CITY							
TITLE	DELETE	5.1 TITLE					Change	Addition	
NAME		5.2 NAMI	F						
STREET ADDRESS		5.3 STRE	ET A	DDRESS					
CITY-ST-ZIP	T 25:55-	5.4 CITY		- ZIP					
TITLE	DELETE	61 TITLE				L.	Change	Addition	
NAME STOCKET ADOPTION		6.2 NAME						,	
STREET ADDRESS		6.3 STRE	ET A	DDRESS					

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this angula report or supplements 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 corposation or the registerior 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 changes or on an attackment with an address.