

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Jul 24 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 # L11950 (7)
 1. Corporation Name
 AVIATION MANAGEMENT INTERNATIONAL INCORPORATED



Principal Place of Business: 5500 NW 21ST TERRACE HANGER 26 FT. LAUDERDALE FL 33309 US
 Mailing Address: 5500 NW 21ST TERRACE HANGER 26 FT. LAUDERDALE FL 33309 US

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|-------------|-------------------------|-------------|--|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | | 26 | | 08/28/1989 | 04/23/1996 |
| 22. Suite, Apt. #, etc. | | 27. Suite, Apt. #, etc. | | 4. FEI Number | Applied For |
| 23. City & State | | 28. City & State | | 65-0146696 | Not Applicable |
| 24. Zip | 25. Country | 29. Zip | 30. Country | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| | | | | <input type="checkbox"/> | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| | | | | <input type="checkbox"/> | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | | | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

| | | | | | |
|---|--|--|--|--|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| HOWARTH, KEVIN C. 5500 NW 21ST TERRACE HANGER 26 FT. LAUDERDALE FL 33309 | | | | 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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|---|--------------------------|
| TITLE | D HOWARTH, KEVIN C. | 1.1 TITLE | V/D HOWARTH, KEVIN C. |
| NAME | 3010 SW 21ST TERRACE #34B | 1.2 NAME | 2891 SW 22ND CIR. #47A |
| STREET ADDRESS | DELRAY BEACH FL 33445 | 1.3 STREET ADDRESS | DELRAY BEACH, FL 33445 |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | P HUTSON, KENNETH J | 2.1 TITLE | P HUTSON, KENNETH J. |
| NAME | 424 DEER CREEK PATH | 2.2 NAME | 424 DEER CREEK PATH |
| STREET ADDRESS | DEERFIELD BEACH FL | 2.3 STREET ADDRESS | DEERFIELD BEACH, FL |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | ZIP-CODE -> 33442 |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 receiver 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 changed, or on an attachment with an address.

SIGNATURE _____ DATE 7/15/97 054-351-7755

CR2E034 (4/97)