


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

FILED

Sep 04 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 # L21395 (3)					
1. Corporation Name OCCIDENTAL AVIATION, INC.					
Principal Place of Business 1775 NW 70TH AVE MIAMI FL 33126			Mailing Address 1775 NW 70TH AVE MIAMI FL 33126-1341		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/05/1989	
21		2a		3a. Date of Last Report 06/25/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0165876	
22		27		Applied For Not Applied	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		7. This corporation has liability for intangible tax under s. 199.03, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		25		29	
9. Name and Address of Current Registered Agent LAUREDO, LUIS J. 1775 NW 70TH AVE STE 212 MIAMI FL 33126			10. Name and Address of New Registered Agent		
Victor H. Quiros 1775 N.W. 70 Avenue Miami, FL. 33126			81 Name Victor H. Quiros		
			82 Street Address (P.O. Box Number is Not Acceptable) 1775 N.W. 70 Avenue		
			83		
			84 City Miami		
			85 Zip Code FL 33126		
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 <i>[Signature]</i> VICTOR H. QUIROS, Director 4/30/97					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input checked="" type="checkbox"/> DELETE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> DELETE					
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4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add					
3.2 NAME DIRECTOR					
3.3 STREET ADDRESS Victor H. Quiros					
3.4 CITY-ST-ZIP 1775 N.W. 70 Avenue					
4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add					
4.2 NAME DIRECTOR					
4.3 STREET ADDRESS Elena Gonzales					
4.4 CITY-ST-ZIP 1775 N.W. 70 Avenue					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add					
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. 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: