

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

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Dorinda B. Northen  
Secretary of State  
DIVISION OF CORPORATIONS**

**APPROVED  
AND  
FILED**

**95 APR 27 AM 7:41**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # M64128 (5)**

**1. Corporation Name  
AVION, INC.**

**Principal Place of Business  
% THOMAS E. MARTINEZ  
2420 TARPON DRIVE  
MIRAMAR FL 33023**

**Mailing Address  
% THOMAS E. MARTINEZ  
2420 TARPON DRIVE  
MIRAMAR FL 33023  
US**

**DO NOT WRITE IN THIS SPACE.**

**3. Date Incorporated or Qualified 01/08/1988 3a. Date of Last Report 04/14/1994**

**4. FEI Number 65-0019030 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. 189.032, Florida Statutes ☒ Yes ☐ No**

**2. Principal Place of Business**

**21 Suite, Apt. #, etc.**

**22 City & State**

**23 Zip Country**

**2a. Mailing Address**

**26 Suite, Apt. #, etc.**

**27 City & State**

**28 Zip Country**

**9. Name and Address of Current Registered Agent**

**MARTINEZ, THOMAS E.  
2420 TARPON DRIVE  
MIRAMAR FL 33023**

**10. Name and Address of New Registered Agent**

**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, typed or printed name of registered agent and title if applicable.**

**(NOTE: Registered Agent signature required when re-registering)**

**DATE**

**12. OFFICERS AND DIRECTORS**

**TITLE P  
NAME MARTINEZ, THOMAS E.  
STREET ADDRESS 2420 TARPON DRIVE  
CITY - ST - ZIP MIRAMAR FL**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

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CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**1.1 TITLE ☐ Change ☐ Addition**

**1.2 NAME**

**1.3 STREET ADDRESS**

**1.4 CITY - ST - ZIP**

**2.1 TITLE ☐ Change ☐ Addition**

**2.2 NAME**

**2.3 STREET ADDRESS**

**2.4 CITY - ST - ZIP**

**3.1 TITLE ☐ Change ☐ Addition**

**3.2 NAME**

**3.3 STREET ADDRESS**

**3.4 CITY - ST - ZIP**

**4.1 TITLE ☐ Change ☐ Addition**

**4.2 NAME**

**4.3 STREET ADDRESS**

**4.4 CITY - ST - ZIP**

**5.1 TITLE ☐ Change ☐ Addition**

**5.2 NAME**

**5.3 STREET ADDRESS**

**5.4 CITY - ST - ZIP**

**6.1 TITLE ☐ Change ☐ Addition**

**6.2 NAME**

**6.3 STREET ADDRESS**

**6.4 CITY - ST - ZIP**

**14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Dorinda B. Northen* THOMAS E. MARTINEZ**

**SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR**

**4-24-95 (20) 203-3183**

**Date Daytime Phone**