FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 29 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 # **M85151** **(2)**

1. Corporation Name
CONDOR EAST AVIATION, INC.

Principal Place of Business	Mailing Address
2400 E. COMMERCIAL BLVD., #318 P. O. BOX 161313 MIAMI FL 33116-1313	2400 E. COMMERCIAL BLVD., #318 P. O. BOX 161313 MIAMI FL 33116-1313

2. Principal Place of Business 21 2200 W. Commercial Blvd. #301	2a. Mailing Address 26 2200 W. Commercial Blvd. #301
Suite, Apt. #, etc. 22 P.O. Box 161313	Suite, Apt. #, etc. 27 P.O. Box 161313
City & State 23 Miami, FL 33116-1313	City & State 28 Miami, FL 33116-1313
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 06/13/1988
3a. Date of Last Report: 04/26/1996
4. FEI Number: 26-1980749 ☐ 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

9. Name and Address of Current Registered Agent

ALBERTINE, MICHAEL O.
2400 E. COMMERCIAL BLVD.
SUITE 318
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name: ALBERTINE, MICHAEL O.
82 Street Address (P.O. Box Number is Not Acceptable): 2200 W. Commercial Boulevard
83 Suite 301
84 City: Ft. Lauderdale **FL** 85 Zip Code: 33309

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST WYSZKOWSKI, LEON 2400 N. COMMERCIAL BLVD. FT. LAUDERDALE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PST WYSZKOWSKI, LEON 2200 W. Commercial Blvd. Ft. Lauderdale, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WYSZKOWSKI, LEON 2400 N. COMMERCIAL BLVD FT. LAUDERDALE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V WYSZKOWSKI, LEON 2200 W. Commercial Blvd. Ft. Lauderdale, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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: Leon Wyszkowski Pres [signature] April 15, 1997 (305) 935-0000