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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23046** (8)

1. Corporation Name

AIRLINE VETERANS ASSOCIATION INC.



Principal Place of Business	Mailing Address
29 SAN SEBASTIAN CORAL GABLES FL 33134 US	29 SAN SEBASTIAN CORAL GABLES FL 33134 US

3. Date Incorporated or Qualified
10/16/1987

4. FEI Number	Applied For
NOT APPLICABLE	<input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 29 San Sebastian	26 SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Coral Gables, Fl	28
Zip	Country
24 33134	25 USA
29	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
NESPRAL, JOSE F 29 SAN SEBASTIAN CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	GOMEZ, CONCHITA
STREET ADDRESS	2496 SW 17 AVE #5313
CITY - ST - ZIP	MIAMI FL
TITLE	VPD
NAME	BALEZ, JOSE HORATIO
STREET ADDRESS	680 NE 83RD ST
CITY - ST - ZIP	MIAMI SHORES FL
TITLE	S
NAME	JONUSAS, EMILIA
STREET ADDRESS	1528 WESWARD DRIVE
CITY - ST - ZIP	MIAMI SPRING FL
TITLE	T
NAME	NESPRAL, JOSE F.
STREET ADDRESS	29 SAN SEBASTIAN
CITY - ST - ZIP	CORAL GABLES FL
TITLE	VTD
NAME	LACAL, DULCE M
STREET ADDRESS	7890 SW 18 TERRACE
CITY - ST - ZIP	MIAMI FL
TITLE	VTD
NAME	DAMASO, MENESES
STREET ADDRESS	13325 SW 116 CT
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD
1.2 NAME	DAMASO MENESES
1.3 STREET ADDRESS	13325 SW 116 CT
1.4 CITY - ST - ZIP	MIAMI FL 33176
2.1 TITLE	VPD
2.2 NAME	DULCE ROSADO
2.3 STREET ADDRESS	2427 SW 102 CT
2.4 CITY - ST - ZIP	MIAMI FL 33165
3.1 TITLE	S
3.2 NAME	LUCRE ROSADO
3.3 STREET ADDRESS	2427 SW 102 CT
3.4 CITY - ST - ZIP	MIAMI FL 33165
4.1 TITLE	T
4.2 NAME	JOSE F. NESPRAL
4.3 STREET ADDRESS	29 SAN SEBASTIAN
4.4 CITY - ST - ZIP	CORAL GABLES FL 33134
5.1 TITLE	VTD
5.2 NAME	DULCE M. LACAL
5.3 STREET ADDRESS	7890 SW 18 TERR
5.4 CITY - ST - ZIP	MIAMI FL 33155
6.1 TITLE	VTD
6.2 NAME	CONCHITA GOMEZ
6.3 STREET ADDRESS	2496 SW 17 AVE #5313
6.4 CITY - ST - ZIP	MIAMI FL 33145

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jose F. Nespral* Feb 4, 1998 305 4619649

CR2037 (10/97)