

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000015888 (9)**

1. Corporation Name  
**AIRGROUP 17 INC.**



Principal Place of Business: **6960 NW 25 ST MIAMI FL 33122 US**  
Mailing Address: **151 MAJORCA AVE CORAL GABLES FL 33134 US**

2. Principal Place of Business: 21  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24  
Country: 25  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 27  
City & State: 28  
Zip: 29  
Country: 30

3. Date Incorporated or Qualified: **02/24/1993**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0437897**  
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  
**GABRIEL PRATS, JR. C.P.A.  
151 MAJORCA AVENUE  
SUITE C, DEPT Q D  
CORAL GABLES FL 33131**

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 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] DATE: [Date]

12. OFFICERS AND DIRECTORS

11. TITLE	PD	<input type="checkbox"/> DELETE
12. NAME	MARTIN, RAUL JR	
13. STREET ADDRESS	2355 NW 9TH STREET	
14. CITY, ST, ZIP	MIAMI FL 33125	
15. TITLE	VD	<input checked="" type="checkbox"/> DELETE
16. NAME	GOMEZ, TITO	
17. STREET ADDRESS	151 MAJORCA AVE STE C	
18. CITY, ST, ZIP	CORAL GABLES FL	
19. TITLE	SD	<input type="checkbox"/> DELETE
20. NAME	CONCEICION, MARTIN	
21. STREET ADDRESS	2355 NW 9TH ST	
22. CITY, ST, ZIP	MIAMI FL	
23. TITLE	TD	<input checked="" type="checkbox"/> DELETE
24. NAME	HEVIA, SERGIO	
25. STREET ADDRESS	151 MAJORCA AVE STE C	
26. CITY, ST, ZIP	CORAL GABLES FL	
27. TITLE		<input type="checkbox"/> DELETE
28. NAME		
29. STREET ADDRESS		
30. CITY, ST, ZIP		
31. TITLE		<input type="checkbox"/> DELETE
32. NAME		
33. STREET ADDRESS		
34. CITY, ST, ZIP		
35. TITLE		<input type="checkbox"/> DELETE
36. NAME		
37. STREET ADDRESS		
38. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. STREET ADDRESS		
14. CITY, ST, ZIP		
15. TITLE	JD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	RAUL MARTIN SR.	
17. STREET ADDRESS	2355 N.W. 9th St.	
18. CITY, ST, ZIP	MIAMI, FL 33125	
19. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME		
21. STREET ADDRESS		
22. CITY, ST, ZIP		
23. TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	Jose Ramon de la Cruz	
25. STREET ADDRESS	6960 N.W. 25th St	
26. CITY, ST, ZIP	MIAMI - FL 33122	
27. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME		
29. STREET ADDRESS		
30. CITY, ST, ZIP		
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY, ST, ZIP		
35. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
36. NAME		
37. STREET ADDRESS		
38. 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)(a), 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: [Signature] DATE: (305) 599-7051  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)