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Mar 19 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 # 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 4553 US

3. Date Incorporated or Qualified: 02/24/1993
3a. Date of Last Report: 03/08/1996

2. Principal Place of Business: 7225 N.W. 25 STREET Suite, Apt. #, etc. 305 MIAMI, FLORIDA 33122 DADE
2a. Mailing Address: P.O. BOX 52-7772 MIAMI, FLORIDA 33152 DADE

4. FEI Number: 65-0437897
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, 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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARTIN, RAUL JR	
STREET ADDRESS	2355 NW 9TH STREET	
CITY-STATE-ZIP	MIAMI FL 33125	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARTIN, SR. RAUL	
STREET ADDRESS	2355 NW 9 STREET	
CITY-STATE-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CONCEICION, MARTIN	
STREET ADDRESS	2355 NW 9TH ST	
CITY-STATE-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DE LA CANZ, JOSE RAMON	
STREET ADDRESS	6960 NW 25TH STREET	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD DE LA CRUZ, JOSE RAMON
4.3 STREET ADDRESS	6960 NW. 25 Street
4.4 CITY-STATE-ZIP	Miami, FL 33122
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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; 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:  3/14/97 (305) 597-7051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)