

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

**CORPORATION
ANNUAL REPORT
1995**

[illegible]

APPROVED
AND
FILED

95 MAY - 1 AM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000027285 (4)

AVIAN INTERNATIONAL CORP.

7250 NW 8TH ST 7 MIAMI FL 33126 US		7250 NW 8TH ST 7 MIAMI FL 33126 US		DEPARTMENT OF REVENUE	
2. Mailing Address (If different)		2a. Mailing Address		3. Date of report (month, day, year) 04/12/1993	
21. State Apt. # etc.		26. State Apt. # etc.		4. FID Number 65-0405065	
22. City, State		27. City, State		5. Certificate of Status (Required) ☐ \$8.75 Additional Fee Required	
23.		28.		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24.		29.		8. Does corporation have natural or artificial persons for members? (Yes) ☒ (No) ☐	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LOPEZ, ANDRES 14311 SW 37TH STREET MIAMI FL 33175				81. Name	
				82. Street Address (P.O. Box Number or Not Applicable)	
				83.	
				84. City	
				FL 85. Zip Code	
11. The undersigned, the president or secretary of the above named corporation, certifies the statement for the purpose of changing its registered office as reflected herein is 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 a resident of the State of Florida.					
12. OFFICERS AND DIRECTORS					
NAME PD LOPEZ, ANDRES 14311 SW 37 STREET MIAMI FL 33175		13. ADDITIONAL OFFICERS AND DIRECTORS			
1. NAME 2. STREET ADDRESS 3. CITY, STATE, ZIP		4. NAME 5. STREET ADDRESS 6. CITY, STATE, ZIP			
7. NAME 8. STREET ADDRESS 9. CITY, STATE, ZIP		10. NAME 11. STREET ADDRESS 12. CITY, STATE, ZIP			
13. NAME 14. STREET ADDRESS 15. CITY, STATE, ZIP		16. NAME 17. STREET ADDRESS 18. CITY, STATE, ZIP			
19. NAME 20. STREET ADDRESS 21. CITY, STATE, ZIP		22. NAME 23. STREET ADDRESS 24. CITY, STATE, ZIP			
25. NAME 26. STREET ADDRESS 27. CITY, STATE, ZIP		28. NAME 29. STREET ADDRESS 30. CITY, STATE, ZIP			
31. NAME 32. STREET ADDRESS 33. CITY, STATE, ZIP		34. NAME 35. STREET ADDRESS 36. CITY, STATE, ZIP			
37. NAME 38. STREET ADDRESS 39. CITY, STATE, ZIP		40. NAME 41. STREET ADDRESS 42. CITY, STATE, ZIP			
43. NAME 44. STREET ADDRESS 45. CITY, STATE, ZIP		46. NAME 47. STREET ADDRESS 48. CITY, STATE, ZIP			
49. NAME 50. STREET ADDRESS 51. CITY, STATE, ZIP		52. NAME 53. STREET ADDRESS 54. CITY, STATE, ZIP			
55. NAME 56. STREET ADDRESS 57. CITY, STATE, ZIP		58. NAME 59. STREET ADDRESS 60. CITY, STATE, ZIP			
61. NAME 62. STREET ADDRESS 63. CITY, STATE, ZIP		64. NAME 65. STREET ADDRESS 66. CITY, STATE, ZIP			
67. NAME 68. STREET ADDRESS 69. CITY, STATE, ZIP		70. NAME 71. STREET ADDRESS 72. CITY, STATE, ZIP			
73. NAME 74. STREET ADDRESS 75. CITY, STATE, ZIP		76. NAME 77. STREET ADDRESS 78. CITY, STATE, ZIP			
79. NAME 80. STREET ADDRESS 81. CITY, STATE, ZIP		82. NAME 83. STREET ADDRESS 84. CITY, STATE, ZIP			
85. NAME 86. STREET ADDRESS 87. CITY, STATE, ZIP		88. NAME 89. STREET ADDRESS 90. CITY, STATE, ZIP			
91. NAME 92. STREET ADDRESS 93. CITY, STATE, ZIP		94. NAME 95. STREET ADDRESS 96. CITY, STATE, ZIP			
97. NAME 98. STREET ADDRESS 99. CITY, STATE, ZIP		100. NAME 101. STREET ADDRESS 102. CITY, STATE, ZIP			
14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in New York City Code, 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 named in or under represented to complete this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 designated in or under furnished with an address.					
SIGNATURE:  5/1/95 (305) 267-7892					

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