FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P93000072338 (5)

AVIOR TECHNOLOGIES OPERATIONS, INC.

AVIUH	TECHNOLOGIES OPERATI	UNS, INU.			
Principal Plac		Mailing Address	77. 34. 34. 34. 34. 34. 34. 34. 34. 34. 34		BBIIN (BBIID NICER INION INION (BBI
12011 8W 144 Miami Fl 3318 US		12011 SW 144 STR MIAMI FL 33186-6108 US			
				3. Date Incorporated or Qualified 10/19/1993	3a. Date of Last Report 04/30/1996
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number 65-0443042	Applied For
Suite Apt	#, etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27]		Certificate of Status Desired	Fee Required
City & Stat	ee .	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25	29	30	Florida Statutes	Yes No
Alle	9, Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Reg	Jistered Agent
	ARING, MICHAEL G 111 SW 144 STR				
MIAMI FL 33186			82 Street Add	ress (P.O. Box Number is Not Acceptable	e)
			83		
		i	84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508. Florida Statut	es, the above-named corr	opration submits this statement for the or	· ·
office or r agent. I a	registered agent, or both, in the Sta im familiar with, and accopt the obl	te of Florida. Such change was igations of, Section 607.0505, Fl	authorized by the corpora orida Statutes.	poration submits this statement for the pution's board of directors. I hereby accept	the appointment as registered
SIGNATURE	Signature, typed or printed name of registered	oent and little if applicable (NOI	L: Registered Agent signature requ	ired when reinstating)	DATE
12,	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	AISABINO MICHAEL	S/T DELETE	1.1 TITLE		Change Addition
NAME OYOSET ADDRESS	NEARING, MICHAEL 12011 SW 144 STR		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	MIAMI FL		1.9 STREET ADDRESS 1.4 C/TY-S1-Z/P	•	
TITLE	DP	DELETE	2.1 THLE		Change Addition
NAME	-WALLAGE, JAMES-		2.2 NAME		
STREET ADDRESS	.12011 SW-144 STR-		2.3 STREET ADDRESS		
CITY-ST-ZIP	-MIAMI FL	DELETE	2 4 CHY-S1-ZIP		Change Addition
TITLE NAME		ר ו הנינונ	3.1 THLE 3.2 NAME		[1] Ourulds [1] Vocation
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		- December 1	4.4 CITY-S1-ZIP		T 6 T 1
TITLE		DELETE	5.1 TITLE		L Change L Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	54 CHY-ST-ZIP 61 HILLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	•	a	6.4 CITY - ST - ZIP		
14. I do heret	by certify that the information suppl	ed win this filing doos not quali	he exemption state	d in Section 119.07(3)(i), Florida Statutes	. I further certify that the
l am an o	fficer or director of the corporation	or the receiver or trustee empow	erou to execute this repo	d in Section 119.07(3)(i), Florida Statutes I my signature shall have the same legal rt as required by Chapter 607, Florida St	atutes; and that my riame