

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

55 JAN 26 PM 4: 16

DOCUMENT # P93000081923 (3)

1. Corporation Name

JRM AIRCRAFT TECH SERVICE CORPORATION

Principal Place of Business

4590 NW 36 ST
BLDG 35 A, RMS 1&2
MIAMI FL 33122
US

Mailing Address

PO BOX 998645
MIAMI FL 33299
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/22/1993
3a. Date of Last Report 05/01/1994

2. Principal Place of Business

21

2b. Mailing Address

26

4. FEI Number
65-0452316

Applied For
Not Applicable

Suite, Apt. #, etc.

Rm. 3

Suite, Apt. #, etc.

27

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State

City & State

28

6. Election Campaign Financing
Trust Fund Contribution \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

DUARTE, ROLANDO
461 SW 89 CT
THIRD FLOOR
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name DUARTE, ROLANDO
82 Street Address (P.O. Box Number is Not Acceptable) 461 S.W. 89 ct.
83
84 City Miami FL 85 Zip Code 33174

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

ROLANDO DUARTE

DATE

1-20-95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DUARTE, ROLANDO
STREET ADDRESS	461 SW 89 COURT
CITY- ST- ZIP	MIAMI FL 33174
TITLE	D
NAME	CRUZ, JOSE L
STREET ADDRESS	6735 WEST 6TH AVENUE
CITY- ST- ZIP	HALEAH FL 33012
TITLE	D
NAME	VILLACORTA, MIGUEL A
STREET ADDRESS	10233 SW 120 STREET
CITY- ST- ZIP	MIAMI FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- 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- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(b), 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]
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROLANDO DUARTE 1-20-95 305-871-8100
(Date) (Telephone)