FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000001240 (8)**

1. Corporation Name
FENIX AVIATION CORP.

Principal Place of Business	Mailing Address
3396 N.W. SOUTH RIVER DRIVE MIAMI FL 33142	3396 N.W. SOUTH RIVER DRIVE MIAMI FL 33142

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/06/1994
3a. Date of Last Report:

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):

4. FEI Number: 65-0457645 ☐ 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

ANGUELO, ANDREW
2401 N.W. 33RD AVE.
MIAMI FL 33142

10. Name and Address of New Registered Agent

81 Name: Gary B. Rovin, Esq., Attorney at Law
82 Street Address (P.O. Box Number is Not Acceptable): 9100 S. Dadeland Blvd.
83: Suite 400
84 City: Miami **FL** 85 Zip Code: 33156

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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: Gary B. Rovin, Esq., Attorney at Law — April 24, 1995
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	ANGUELO, ANDREW	12 NAME		
STREET ADDRESS	2401 N.W. 33RD AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33142	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	ANGUELO, GERALD	22 NAME		
STREET ADDRESS	2401 N.W. 33RD AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33142	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE	TD	☒ Change ☐ Addition
NAME	ANGUELO, MICHAEL	32 NAME	Jerry Owens	
STREET ADDRESS	2401 N.W. 33RD AVE.	33 STREET ADDRESS	299 Alhambra Circle, Suite 418	
CITY-ST-ZIP	MIAMI FL 33142	34 CITY-ST-ZIP	Coral Gables, Fl 33134	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), Florida Statutes. I further certify that the information indicated on this 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: Andrew Anguelo - Pres/Director — April 24, 1995 — (305) 636-4445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0182631 CP