

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000014102 (5)

1. Corporation Name

AVIATION MANAGEMENT & MARKETING, INC.



Principal Place of Business

Mailing Address

12515 N. KENDALL DRIVE
SUITE 304
MIAMI FL 33186

12515 N. KENDALL DRIVE
SUITE 304
MIAMI FL 33186

2. Principal Place of Business

2a. Mailing Address

21 7700 N. Kendall Dr.

26 7700 N. Kendall Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 805

27 Suite 805

City & State

City & State

23 miami FL

28 miami FL

Zip

Country

Zip

Country

24 33156

25 USA

29 33156

30 USA

9. Name and Address of Current Registered Agent

BARRETO, RODNEY
12515 N. KENDALL DRIVE
SUITE 304
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name Barreto, Rodney
82 Street Address (P.O. Box Number is Not Acceptable) 7700 N. Kendall Drive
83 Suite 805
84 City miami FL 85 Zip Code 33156

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

Signature type the printed name of registered agent and their applicable

(If the Registered Agent signature is printed, write the date)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BARRETO, RODNEY
STREET ADDRESS 12515 N. KENDALL DRIVE, SUITE 304
CITY-ST-ZIP MIAMI FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS 7700 N. Kendall Drive, #805
14 CITY-ST-ZIP miami FL 33156

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 17 1996 305 275-8282

CR2E034 (3/96)