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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000014102 (5)

AVIATION MANAGEMENT & MARKETING, INC.

Principal Place of Business Mailing Address						T I HABITER I TIO MARK DI DIT ARTITI RELIT BRING PUNOT INDIA BRADIL HERIT BOTTO ALEA HORI 		
7700 N. KENDALL DR. 7700 N. KENDALL DR. SUITE 805 SUITE 805 MIAMI FL 33156 MIAMI FL 33158-7597								
						3. Date Incorporated or Qualified 02/21/1994	3a. Date of Last Report 07/17/1996	
2. Principal Place of Business		2e. Mailing Address				4. FEI Number	Applied For	
21		26				65-0505281	Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23		City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
2(p)	Country 25	Zip 29	29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
9, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
BAR	RETO, RODNEY			81	Name			
7700 N. KENDALL DR. SUITE 805				82	82 Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33156			83					
				84	City		FL 85 Zip Code	
agent La	eg stered agent, or both, in the s ni familiar with, and accept the c	state of Florida, Such obligations of, Section	change was auth 607.0505, Florid	orized by a Statutes	the corpo s.	orporation submits this statement for the pur oration's board of directors. I hereby accept	the appointment as registered	
				13.	int signature n	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE DE AND DIRECTORS IN 12	
TITLE	D		DELETE	1.1 TITLE		C C C C C C C C C C C C C C C C C C C	Change Addition	
NAME	BARRETO, RODNEY		1.2 NAME		The state of the s			
STREET ADDRESS	EET ADORESS 7700 N. KENDALL DRIVE, #805 1.3			1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156			1.4 CITY - S	T-ZIP			
TITLE		L	DELETE	2.1 TITLE	-		Change Addition	
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREET	ADDRESS			
Cute et au				0.40070.4				

6.4 CITY-ST-ZIP

14. I do hereby certify that the inform con supplied to fit is filing does not chalf for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this any har property in supplier initial angular lepon so that any adjusted and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corollar / or the terral to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if chart 11 to on sufface as we passed to the corollar or the terral to execute this report as required by Chapter 607, Florida Statutes; and that my name

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

3.4. CITY-ST-ZIP

SIGNATURE:

TIFLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREEL ADDRESS

CITY - ST - ZIP

CHY-ST-ZIP

CITY - ST - ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

DELETE

DELETE

DELETE

DELETE

1-16-97

365-275-8282

Change

Change

Change

Change

Addition

___ Addition

Addition

Addition

FILED

Feb 05 1997 8:00am

Secretary of State