

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

**APPROVED
AND
FILED**

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sarah B. Murphree
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 AM 3:07

DOCUMENT # P94000058845 (6)
1. Corporation Name:
BETTER AVIATION PRODUCTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: P.O. BOX 223702 HOLLYWOOD FL 33022-3702
Mailing Address: P.O. BOX 223702 HOLLYWOOD FL 33022-3702

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	State Apt # etc	26	State Apt # etc	08/08/1994	
22	City & State	27	City & State	4. FIC Number	Applied For
23	City & State	28	City & State	65-0513767	Not Applicable
24	City & State	29	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	City & State	30	City & State	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for integration for Article 5, 1911, 1912 Florida Statutes	
RIES, ALAYNA 1601 S 16 AVE HOLLYWOOD FL 33020				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent	
RIES, ALAYNA 1601 S 16 AVE HOLLYWOOD FL 33020				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
					FL

11. Pursuant to the provisions of Sections 602 (9)(c) and 607 1506 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 (9)(c) Florida Statutes.

SIGNATURE: *Alayna Ries* (Signature of Registered Agent) / *Alayna Ries* (Signature of Registered Agent) / *Alayna Ries* (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995		
01	NAME	PD RIES, ALAYNA 1601 S 16 AVE HOLLYWOOD FL 33020	1	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
02	STREET ADDRESS		2	NAME	
03	CITY & ZIP		3	STREET ADDRESS	
04	NAME		4	CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
05	STREET ADDRESS		5	NAME	
06	CITY & ZIP		6	STREET ADDRESS	
07	NAME		7	CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
08	STREET ADDRESS		8	NAME	
09	CITY & ZIP		9	STREET ADDRESS	
10	NAME		10	CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11	STREET ADDRESS		11	NAME	
12	CITY & ZIP		12	STREET ADDRESS	
13	NAME		13	CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14	STREET ADDRESS		14	NAME	
15	CITY & ZIP		15	STREET ADDRESS	
16	NAME		16	CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17	STREET ADDRESS		17	NAME	
18	CITY & ZIP		18	STREET ADDRESS	
19	NAME		19	CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20	STREET ADDRESS		20	NAME	
21	CITY & ZIP		21	STREET ADDRESS	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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 in person. I am an officer or director of the corporation or the receiver or transferee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1a if checked, or on an attachment to an address.

SIGNATURE: *Alayna Ries*
IDENTIFY BY PRINTING OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR
Alayna Ries

4-28-95 305 927-2636
DATE TELEPHONE NUMBER