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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State

1996

DIVISION OF CORPORATIONS DOMODOGOGOT (E)

| APPL Principal Place 8321 N W #G5 | n Name LE AVIATION CORP. of Business PINES BLVD | Mailing Address P O BOX 622664 UNIT-101 | | | | | | | |
|--|---|--|--------------------------------|--|---|--|---------------------------------------|-------------------------|---------------------------------|
| PEMBROKE PINES FL 33024 US | | PEMBROKE PINES FL 33082-2664 US | | | 3. (: | Date Incorporated or Qualifier 09/19/1994 | 3a. Date o | of Last Re 8/09/19 | eport 995 |
| 2. Principal Pla 21 | ace of Business | 2a. Mailing Address 26 | 26 | | | FEI Number 65-0520515 | | ļ | Applied For Not Applicable |
| Suite, Apt. | | | 27 Delete 101 | | | Certificate of Status Desired | Ø | | Additional Required |
| City & State | 101 To | City & State | | | | Election Campaign Financing Frust Fund Contribution | | | May Be to Fees |
| Zip 24 | Country Zip (25 29 30 30 30 30 30 30 30 3 | | | 8. This corporation has liability for intangibile tax under s 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent | | | | | |
| #************************************* | 5, Harris and Addition of Carrotte | Thogratered Agent | 81 | Name | 10. 1 | Name and Address of New | negistered A | Join | |
| | AW FIRM OF LAWRENCE J. SPIL | EGEL, CHART | B2 | Street A | Address (P.O. Box Number is Not Acceptable) | | | | |
| | amerilawyer Lmeria ave. | | 83 | | | | | | |
| | L GABLES FL 33134 | | 0.5 | | | | | | |
| | | | 84 | City | FL 85 Zip Code | | | | Code |
| or register | o the provisions of Sections 607.0502 ed agent, or both, in the State of Florid h, and accept the obligations of, Section | a. Such chango was auth orize | s, the above- d by the corp | named co oration's | rporation sub board of dire | bmits this statement for the p actors. I hereby accept the ap | urpose of chan- pointment as re | ging its re gistered | egistered office agent, I am |
| SIGNATURE _ | Signature typod or printed name of registered agent a | and title if applicable. | £ Registered Age | nt signature re | cured when reins | statine) | DATE | | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO O | · · · · · · · · · · · · · · · · · · · | DIRECTOR | RS IN 12 |
| TITLE | TOODD LOUISE C | TROPP, LOUISE C | | 1. 1 TITLE | | | 7 | . Change | Addition |
| NAME | 13700 S.W. 11TH STREET, | LINIT 101 | 1.2 NAME | | | de esta cu | | | |
| STREET ADDRESS | PEMBROKE PINES FL 3302 | | Ta STREET ADDITECTS | | 18361 NW 10 th St. Pembroke Pinos, FL 33029 | | | | |
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| STREET ADDRESS | | | 5.3 STREET | | | | | | |
| CITY-ST-ZIF | | | 5 4 CITY-S | 1-21P | | | ···· | | |
| THE | | ☐ DELETE | 6 1 TITLE | | | | | Change | ☐ Addition |
| NAME | | | 6.5 NAME | | | | | | ļ |
| STREET ADDRESS | | | 63 STREET | | | | | | Ī |
| CITY-ST-ZIP | and it. About the Information and in a | 41. 41. (0. 41) | 64 CHY-S | T-21P | 4 . 4 41 | | | | |

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

4/26/96 Date

954-438-4510 Dayting Priors