

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

FILED

95 JUL 10 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001536012

-07/12/95--01072--010

****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P94000075394 (4)
1. Corporation Name
H & M AVIATION, INC.

Principal Place of Business Mailing Address
7411 MIAMI LAKES DR 7411 MIAMI LAKES DR
MIAMI LAKES FL 33014 MIAMI LAKES FL 33014

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		4. FBI Number		3a. Date of Last Report			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0537969		10/10/1994			
City & State		City & State		5. Certificate of Status Desired		Applied For			
Zip		Country		Trust Fund Contribution		Not Applicable			
Country		Country		6. Election Campaign Financing		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes			
Country		Country		Trust Fund Contribution		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

9. Name and Address of Current Registered Agent
CULLEN, JOHN T
7411 MIAMI LAKES DR
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GONZALEZ, HENRY R
STREET ADDRESS	13925 SW 24TH ST
CITY - ST - ZIP	DAVE FL 33325
TITLE	D
NAME	MCALHANY, MICHAEL J
STREET ADDRESS	1740 WESTWARD DR
CITY - ST - ZIP	MIAMI SPRINGS FL 33168
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	45 SOUTH DR.
2.4 CITY - ST - ZIP	MIAMI SPRINGS, FL 33166
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(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 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:  5-20-95 908 888 5127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)