FILE NOW: FILING FEE AFTER MAY 1 IS \$55D.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400089984 (6)

UNITED AVIATION, INC.

						.					
Principal Place of Business C/O SWISSCO 7975 NW 154TH ST SUITE 400 MIAMI LAKES FL 33016		C/ 79	Mailing Address C/O SWISSCO 7975 NW 154TH ST SUITE 400 MIAMI LAKES FL 33016-5849								4 0101 4001
								3. Date Incorporated or Qualified 12/13/1994		ate of Last R 26/1996	leport
2. Principal Place of Business			2a. Mailing Address					4. FEI Number		F	pplied For
Suite, Apt. #. etc.			Suite, Apt. #, etc.					65-0550890	 -		ot Applicable
22			27					5. Certificate of Status Desired		T T	Additional equired
City & State			City & State					6. Election Campaign Financing			May Be
23			28					Trust Fund Contribution			to Fees
. Zip Country		ļ,	Zip Country				8. This corporation has liability for intangible tax under s. 199.032.				
24	26	29	fored Seent	30	T	···-		Florida Statutes] No	
POIC	9. Name and Address of Curren	ii Regis	tered Agent		81	Na	me	10. Name and Address of New I	registered	Agent	
	5 NW 154TH ST										
	TE 400				82	Str	oet Addre	ess (P.O. Box Number is Not Accept	able)		
	MI LAKES FL 33016				83		V				
-					84	Cit	у		FL	85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 6	07 1508 Florida Statu	tes the a	abovr	g-nar	ned corp	oration submits this statement for the		, f.changing i	ts registered
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florid	da. Such change was	authorize	ed by	the	corporati	on's board of directors. I hereby acc	ept the app	ointment as	registered
SIGNATURE	m tarrillar with, and accept the obliga	ations o	1, 360001 007.0303, 71	ionoa ou	notos	3 .					
	Signature, typod or printed name of registered age			11. Aegeler	ed Age	nt s.g	alure require	ed when reinstating)	DATE		N P. C. La
12.	OFFICERS ANI	D DIREC		18.				ADDITIONS/CHANGES TO OFF	ICERS AND		
TITLE NAME	MIJARES, ANTHONY JR		☐ D€LETE	1.1 1						Change	Addition
STREET ADDRESS	7975 NW 154TH ST SUITE 40	0		B.	NAME STREET	AFIFAD					
DITY-ST-ZIP	MIAMI LAKES FL	•			CITY-S		100				
TITLE			☐ DELFTE	2.1						Change	Addition
NAME				2.21	MAME.						
STREET ADDRESS				2.3 9	STREET	ADDR	ESS				
CITY-ST-ZIP				2.4	ORY-S	S1 - ZIF					
TITLE			☐ DELETE	3.1	MILE					L Change	Addition
NAME				3.2							
STREET ADDRESS					STREET						
CITY-ST-ZIP			DELETE	3.4. 4.1	CITY - S	\$1 - Z(F	· · · · · · · · · · · · · · · · · · ·			Change	Addition
NAME			bereie		NAME					E_3 Change	II Addition
STREET ADDRESS					STREET	ADDR	199				
CITY-ST-ZIP					DITY-S						
TITLE			☐ DELF1E	5.1						Change	Addition
NAME				5.91	NAME						
STREET ADDRESS				5.3 5	STREFT	AUDR	ESS				
CITY-ST-ZIP				5.4 (CITY-S	1 - ZIP		/# 14 b /			
TITLE			DELETÉ		ITLE					Change	Addition
NAME					MAME						
STREET ADDRESS				6.3 5	STREET	ADDR	f SS				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

6.4 CITY-ST-7IP

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FILED

May 06 1997 8:00am

Secretary of State