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Feb 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000012063 (0)

1. Corporation Name

AVIO EXPRESS INT'L INC.



Principal Place of Business

8011 NW 64TH ST
MIAMI FL 33166
US

Mailing Address

624 SW ST R 7
MARGATE FL 33066
US

2. Principal Place of Business

21 7367 NW 54 ST

2a. Mailing Address

26 7367 NW 54 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Miami FL

City & State

28 Miami FL

Zip

24 33166

Country

25 US

Zip

29 33166

Country

30 US

9. Name and Address of Current Registered Agent

CASTRO, LUIS A
8011 NW 64 ST
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name CASTRO, Luis A
82 Street Address (P.O. Box Number is Not Acceptable) 6251 Palm Trace Landings Dr #4 Apt 319
83
84 City DAVIE FL 85 Zip Code 33314

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 X *Luis A. Castro*

Signature, name or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	CASTRO, LUIS A	
STREET ADDRESS	8011 NW 64 ST	
CITY - ST - ZIP	MIAMI FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	CASTRO, LUZ M	
STREET ADDRESS	8011 NW 64 ST	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	castro, Luis A	
1.3 STREET ADDRESS	6251 Palm Trace Landings Dr #4 Apt 319	
1.4 CITY - ST - ZIP	DAVIE FL 33314	
2.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CASTRO, LUZ M	
2.3 STREET ADDRESS	6251 Palm Trace Landings Dr #4 Apt 319	
2.4 CITY - ST - ZIP	DAVIE FL 33314	
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 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.

SIGNATURE: X *Luis A. Castro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR21534 (9/96)