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

PROFIT CORPORATION ANNUAL REPORT



FLÖRIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation	n Narne	# P95 LE AVIATION,		17200 (;	3)					111 11 111 1111 1111
Principal Place	of Business			Mailing Address					//	
2900 E OAKLAND PARK BLVD THIRD FLOOR FT LAUDERDALE FL 33306			·	2900 E OAKLAND PARK BLVD THIRD FLOOR FT LAUDERDALE FL 33306				• • • • • • • • • • • • • • • • • • • •	*******************	
							 Date Incorporated or Qualified 03/02/1995 	3a. Date	of Last F	leport
	2. Principal Place of Business			2a. Mailing Address			4 FEI Number			Applied For
Suite, Apt. #, etc.			26	Suite, Apt. #, etc.			65-056393	<u>s</u>		Not Applicable
22				27			5. Certificate of Status Desired			5 Additional Required
City & State				City & State			6. Election Campaign Financing			0 May Be
23]			28				Trust Fund Contribution		Adde	d to Fees
Zip Gou 24 25		Country 25	29	Zip C				8. This corporation has liability for intangible tax under s. 199,032, Florida Statutes		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
					81	Name				***************************************
MOORE, SEAN L 2900 E OAKLAND PARK BLVD					82	Street	Address (P.O. Box Number is Not Accepte	ible)		
						·				
*THIRD FLOOR FT LAUDERDALE FL 33306					83					
					84	City		EI	85 Zi	ip Code
11. Pursuant t	o the provisi	ons of Sections 607	.0502 and 60	7.1508, Florida Statu	tes, the above-r	named ci	orporation submits this statement for the pr	impose of char	iging its	realistered office
or register familiar wit	ed agent, or th, and accer	both, in the State of of the obligations of	Florida Suc , Section 607	h change was authori .0505, Florida Statute	ze d by the corp is.	oration's	orporation submits this statement for the pr board of directors. I hereby accept the ap	pointment as r	egisterec	d agent. I am
SIGNATURE										
12.	Signature typed	or printed name of registere OFFICE FI	id agent and title it IS AND DIREC	***************************************	OTE Registered Ager	t signature i	required when reinstating)	DATE		
TITLE	D	07110111		DELETE	1 1 THILE		ADDITIONS/CHANGES TO OF		Change	ORS IN 12 Addition
NAME	MARTIN	iez, alex			1.2 NAME			7.0	Silv igo	
STREET ADDRESS		CLEARY BLVD #	310		1 3 STREET	address	5500 NW 21 TERRACE 4	1 14		
CITY-ST-ZIP	PLANTA	TION FL 33324			1.4 C/TY - S	1 - ZIP	ET. LAUDERDALE, EL 3336)9		
TITLE				[]] DELETE	2.1 TITLE		D		Change	Addition
NAME:						KENNETH W. ROURKE				
STREET ADORESS				i i		ADDRESS	3000 SM 2 NYENVE			
CHY-S1-ZIP TITLE	* . * . * . *			DELETE	2.4 CITY - S	T- 7IP	Fi-LAVA-MIF, FL 33315		Δ	F-1 4 3 197
NAME					3. 1 TITLE 3.2 NAME			, LJ	Change	Addition
STREET ADDRESS					3.3. STREET	VUUDEGG				
DiTY - ST - ZIP					3.4 CHTY-S					
TITLE	***************************************			DELETE	4. 1 1/JLE	<u> </u>			Change	Addition
NAME					4.2 NAME			L		
STREET ADDRESS					4.3 STREET	ADDRESS				•
CITY - S1 - ZIP		***			4.4 CITY - S	- ZIP				
TIBLE				DELETE	5. 1 TITLE				Change	Addition
NAME					5.2 NAME	İ	5000018	2417	•==	
STREET ADDRESS					5.3 STREET		5000018: -05/22/9601	<u>กั</u> 28กว	9	
CITY-ST-7PP TOLE				DELETE	5.4 CITY - S'	1-2IP	***200.00			Print A . Do.
NAME				L DELITE	6. 1 TITLE		→ manufacture at outside.		Change	Addition
STREET ADDRESS					6.2 NAME 6.3 STREET	Athenbree				44500
CITY-ST-ZIF					64 CHY-S					5-1-91
					24011.3	6.11	I			- 110

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 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual levert or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer of director of the dorporation 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 of Block 13 if change (for it and address).

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-172-4122 Daytimo Phone #

CR2E034 (12/95)