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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000022555 (3)

ADLER AVIATION, INCORPORATED

Principal Place of Business Mailing Address PO BOX 661159 241 SW 62ND AVE MIAMI SPRINGS FL 33266-1159 MIAMI FL 33144 3. Date Incorporated or Qualified 3a. Date of Last Report 03/15/1995 03/18/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0579722 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ADLER, DELMER C 241 SW 62ND AVE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33144 83 City 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 Signature, typed or printed name of registered agen; and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS (96/6) 13. DELETE Change Addition 1.1 TITLE TITLE ADLER, DELMER C 1.2 NAME NAME CR2E034 241 SW 62ND AVE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33144** CITY - \$1 - 712 14 CITY-ST-ZIP DS DELETE Change Addition TITLE 2.1 TITLE ADLER, ONEIDA C 2.2 NAME 241 SW 62ND AVE 2.3 STREET ADDRESS STREET ADORESS **MIAMI FL 33144** 2. 4 CITY-ST-ZIP CITY- \$1-289 DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CiTY-ST-ZiP CITY-ST-ZIP Addition DELETE Change 41 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 5.4 CITY-ST-ZIP DELETE 61 TITLE Change Addition TITLE

14. I do hereby certify that the information supplied with this filling 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 composition or the receiver of tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if planged, or on an althoughput with an address.

6.4 CITY - ST - ZIP

62 NAME 6.3 STREET ADDRESS

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-7IP

DELMER C. uuce MULLICULUM DELMEK and typed or printed name of bigning officer or director

FILED

Feb 04 1997 8:00am

Secretary of State

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