SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

CORP ANNUA	ROFIT ORATION AL REPORT 996		RIDA DEPARTM Sandra B M Secretary C VISION OF COR	fortharn of State				
DOCUM 1. Corporation N	ENT # P9500	008181	9 (1)					
ALLIANCE AVIATION, INC.								
Principal Place	of Business	Mailing Add	ress				BOHIT OBJOY 1210) YOUR YOUR INGIO 1911 YORI	
11816 S.W. 91RST TERRACE 11816 S.W. 91RST TERRACE MIAMI FL 33186 MIAMI FL 33186						3. Date Incorporated or Qualifier	d 3e. Date of Last Report	
						10/25/1995		
2. Principal Pla	ce of Business	2a. Mailing	Address			4. FEI Number 65-06398 9	Applied For Not Applicable	
Suite, Apt #	etc	26 Suite, Ap	at #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27				6. Election Campaign Financing	Fee Required \$5.00 May Be	
City & State		City & Si	tate			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip		Country		This corporation has liability f Florida Statutes	for intangible tax under s. 199.032.	
24	25 29 30 30 9. Name and Address of Current Registered Agent				10. Name and Address of New			
		ent neglatered Ag		81	Name			
	io, James s 16 s.w. 91RST Terrace			82	Street Add	dress (P.O. Box Number is Not Accep	table)	
1	MI FL 33186			63				
							85 Zip Code	
				84	City		FL `	
11. Pursuant to office or reagent. Lar	o the provisions of Sections 607.0 og:stered agent, or both in the St m familiar with, and accept the ob)502 and 607.1508, ate of Florida, Such a digations of, Section	Florida Statutes change was aut 607.0505, Flori	, the above thorized by da Statutes	named corporation	poration submits this statement for the tion's board of directors. I hereby acc	e purpose of changing its registered sept the appointment as registered	
SIGNATURE	Signature types or profestination of registered	raigent and title it applicable	(NOTE	Ring stelled Age	nt signature requ	uired when revistating)	DAIL	
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FFICERS AND DIRECTORS IN 12 Change Addition	
TITLE	PD	L	DELETE	11 TITLE 12 NAME				
NAME	YEDO, JAMES S 11816 S.W. 91RST TERRA	. ∩ E		1 3 STREET	ADDRESS			
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33186	IOE.		1.4 CITY - S				
TITLE				2 1 THLE			Change Addition	
NAME	YEDO, MARIO S			2 2 NAME				
STREET ADDRESS	12034 S.W. 103 STREET	•		2 3 STREET				
CITY - ST - ZIP	MIAMI FL 33186		DELETE	2 4 CITY 3 1 TITLE	S1 - ZIF		Change Additio	
TITLE		L		3 2 NAME	ļ			
NAME STREET ADDRESS				3 3 STREET	T ADORESS			
CITY-ST-ZIP				3 4. CITY -	ST-ZIP		Change Additio	
THLE			DELETE	4 1 TITLE	1	, 2	Change C Product	
NAME				4 2 NAME		No.		
STREET ADDRESS				43 STREE	T ADDRESS	•		
CITY-ST-ZIP			DELETE	5 1 TITLE	01*411		Change Addutio	
TITLE NAME		L		5.2 NAME	-	·*		
STREET ADDRESS				5 3 STREE	T ADDRESS	•		
CITY-ST-ZIP				5.4 CHY-	ST-ZIP	<u>'</u>	Change Addition	
TITLE			DELETE	6 I HILE			L Change L Addition	
NAME	Į.			6 2 NAME	ì			

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily turnished 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 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 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or of an attachment with an address.

SIGNATURE: _

Yew SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 8/2/96 598-0055 Date Dispute Place X