

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000090371 (2)

1. Corporation Name

ORION AVIATION SERVICES, INC.



Principal Place of Business

8370 WEST FLAGLER ST.
SUITE 252
MIAMI FL 33144

Mailing Address

8370 WEST FLAGLER ST.
SUITE 252
MIAMI FL 33144

3. Date Incorporated or Qualified

11/27/1995

3a. Date of Last Report

2. Principal Place of Business

21 10237 NW 9th St. Cir

Suite, Apt. #, etc.

22 #202

City & State

23 MIAMI, FL

Zip

24 33172

Country

25 USA

2a. Mailing Address

26 10237 NW 9th St. Cir

Suite, Apt. #, etc.

27 #202

City & State

28 MIAMI, FL

Zip

29 33172

Country

30 USA

4. FEI Number

65-0637716

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DALE, JERRY M
8370 WEST FLAGLER ST.
SUITE 252
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 of Agent (Print Name and Address of Agent)

Signature of Registered Agent (Print Name and Address of Agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HOFFMAN, WILLIAM J
STREET ADDRESS 10237 N.W. 9TH ST. CIRCLE #202
CITY-STATE-ZIP MIAMI FL 33172

☐ DELETE

TITLE VD
NAME AJIDAGBA, DAVID A CAPT.
STREET ADDRESS 10237 N.W. 9TH ST. CIRCLE #202
CITY-STATE-ZIP MIAMI FL 33172

☐ DELETE

TITLE S
NAME MONTERO, MARIA
STREET ADDRESS 10237 N.W. 9TH ST. CIRCLE #202
CITY-STATE-ZIP MIAMI FL 33172

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

400001831254
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***233.75

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William J. Hoffman

5/9/96

(305) 551-1529

CR2E034 (12/95)