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Apr 07 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 # P96000001779 (3)

1. Corporation Name
RAM AVIATION GROUP, INC.

Principal Place of Business
4451 N.W. 36 ST., STE. 112
MIAMI SPRINGS FL 33166

Mailing Address
4451 N.W. 36 ST., STE. 112
MIAMI SPRINGS FL 33166-7268



3. Date Incorporated or Qualified 01/02/1996
3a. Date of Last Report

2. Principal Place of Business 21 8356 NW South River Dr. Suite, Apt. #, etc. 22 B City & State 23 Medley, FL Zip 24 33166	2a. Mailing Address 26 8356 NW South River Dr. Suite, Apt. #, etc. 27 B City & State 28 Medley, FL Zip 29 33166	4. FEI Number 65-0675430 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

ALEXANDER, WALTER A
4451 N.W. 36 ST., STE. 112
MIAMI SPRINGS FL 33166

10. Name and Address of New Registered Agent

81 Name Alexander, Walter
82 Street Address (P.O. Box Number is Not Acceptable)
8356 -B NW South River Drive
84 City Medley FL 85 Zip Code 33166

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ALEXANDER, WALTER A			1.2 NAME			
STREET ADDRESS	4451 N.W. 36 ST., STE. 112			1.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI SPRINGS FL 33166			1.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RAIA, PHILIP L			2.2 NAME			
STREET ADDRESS	723 FOREST SHORES DR.			2.3 STREET ADDRESS			
CITY - ST - ZIP	MARY ESTHER FL 32569			2.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MARTI, MICHAEL F			3.2 NAME			
STREET ADDRESS	100 HARTFORD RD.			3.3 STREET ADDRESS			
CITY - ST - ZIP	SIMSBURY CT 06070			3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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: Walter A. Alexander WALTER A. ALEXANDER APRIL 2, 1997 205-988-0697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)