FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000090318 (2)

AVTEC MANAGEMENT GROUP, INC.

Principal Place of Business Mailing Address

FILED Feb 27 1997 8:00am Secretary of State



9737 NW 41ST STREET STE 215 MIAMI FL 33178		9737 NW 41ST STREET ST MIAMI FL 33178-2824	9737 NW 41ST STREET STE 215 Miami Fl 33178-2924			
				3. Date Incorporated or Qualified 11/01/1996	3a. Date of Last F	leport
	lace of Business	2a. Mailing Address		4, FEI Number	Aı	pplied For
21		26		15-0705847	· · · · · · · · · · · · · · · · · · ·	ot Applicable
Suite, Apt		Suite, Apt #, etc.		5. Certificate of Status Desired	1 1	Additional equired
City & State		Gity & State		Election Campaign Financing Trust Fund Contribution		May Be to Fees
Ziji 24	Country 25	Zip	Country 30	8. This corporation has liability for in Florida Statutes	ntangible tax under s Yes No	. 199.032,
<u> </u>	9. Name and Address of Cu		30]	10. Name and Address of New Reg		
HER	ITZ, CHRISTY L	······································	81 Name			
	BAYFRONT PLAZA STE 110)1	B2 Street Ado			
	SO. BISCAYNE BLVD.	•	5treet Add	ress (P.O. Box Number is Not Acceptab	ie)	
	MI FL 33131		83			-41
			84 City			0-1-
•			B4 City		FL 85 Zip	Code
11. Parsuant	to the provisions of Sections 607.	0502 and 607 1508, Florida Statute	s, the above-named cor	poration submits this statement for the p	urpose of changing if	ts registered
onice or r agent Ta	egistered agent, or both lin the S m familiar with, and accept the o	tate of Florida. Such change was a bligations of, Section 607.0505, Flo	uthorized by the corpora rida Statutes.	tion's board of directors. I hereby accep	t the appointment as	registered
SIGNATURE						
	bay was type to providence discipline	apont and the it applicable. (NOTE	Registered Agent signature requ	ired when reinstating)	DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12
în.F	PRESIDENT	L DELETE	1.1 TITLE		☐ Change	Addition
NAME	EDWARD COUNS	. DINE	1.2 NAME			
STREET ADDRESS	500 NW 93 DORA	LPULO	1.3 STREET ADDRESS			
001 St 7P	MIAMI, MORLOA	33178	1.4 CITY - ST-ZIP			
TILLE	VICE PRESIDEN	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	THE COUINS		2.2 NAME			
STREET ADDRESS	500 NW 93 00	ark place	2.3 STREET ADDRESS			
Oly St ZIF	MIAMI, FLORID		2 4 CITY-ST-ZIP	and the second of the second o	1 400	
Table		DELETE	3.1 TITLE		☐ Change	Addition
NAME			3 2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY+ST-70°			3.4 CITY-ST-ZIP			
1 ILE		☐ DELETE	4 1 TITLE		Change	Addition
NAME			4 2 NAME			
STREET ADORESS			4.3 STREET ADDRESS			
CHY-SI-7P			4 4 CITY - ST - ZIP			
1:111		DELETE	5 1 TITLE		☐ Change	Addition
NAME			52 NAME .			
STEEL ADDRESS			5.3 STREET ADDRESS			
City-St 2iF			5.4 CHY-ST-ZIP			
THLE		☐ DELETE	61 TITLE		☐ Change	Addition
NAME			62 NAME			
STREET ADORESS			6 3 STREET ADDRESS			
CITY-ST-20	****		6.4 CITY-ST-ZIP			
14. I do heret	by certify that the information sup	plied with this filing does not qualify	for the exemption state	d in Section 119.07(3)(i), Florida Statutes	I further certify that	the
Lam an of	freer or director of the corporatio	in the regiver trustee empower	red to execute this repo	at my signature shall have the same legal ort as required by Chapter 607, Florida St	enect as it made un atutes; and that my r	uer oath; that name
appears ii	ri Block 12 or Block 13/1 changer	or on an attachment with an addi	ess.			