

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

PERSEI CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 13 1997 8:00am
Secretary of State

DOCUMENT # **S10256** (3)

TROPICAL AVIATION DISTRIBUTORS, INC.



Principal Office Location

1760 NW 94TH AVE
MIAMI FL 33172

Mail Stop Address

1760 NW 94TH AVE
MIAMI FL 33172-2336

2. Filing Agent (if different)

21 Name
22 City & State

23 Name
24 City & State

2a. Mailing Address

26 Name, Apt. No., etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

PERNA, ANTHONY J.
1760 NW 94TH AVE
MIAMI FL 33172

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
11/01/1990

3a. Date of Last Report
03/20/1996

4. FEI Number
59-2464797

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. 193.032
Florida Statutes Yes No

10. Name and Address of New Registered Agent

11. I, the undersigned, certify that I am a resident of the State of Florida and that the above named corporation submits this statement for the purpose of changing its registered office and registered agent in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent for the corporation as provided in Section 607.006, Florida Statutes.

DATE: 03/14/97

SIGNATURE OF REGISTERED AGENT

DATE: 03/14/97

DATE:

12. OFFICERS AND DIRECTORS
- 1. NAME: DP PERNA, ANTHONY J
2. ADDRESS: 1760 NW 94TH AVE MIAMI FL
3. CITY: ST
4. NAME: PERNA, HELEN
5. ADDRESS: 1760 NW 94 AVE MIAMI FL
6. CITY: MIAMI
7. NAME: PERNA, HELEN
8. ADDRESS: 1760 NW 94 AVE MIAMI FL
9. CITY: MIAMI
10. NAME: PERNA, HELEN
11. ADDRESS: 1760 NW 94 AVE MIAMI FL
12. CITY: MIAMI
13. NAME: PERNA, HELEN
14. ADDRESS: 1760 NW 94 AVE MIAMI FL
15. CITY: MIAMI
16. NAME: PERNA, HELEN
17. ADDRESS: 1760 NW 94 AVE MIAMI FL
18. CITY: MIAMI
19. NAME: PERNA, HELEN
20. ADDRESS: 1760 NW 94 AVE MIAMI FL
21. CITY: MIAMI
22. NAME: PERNA, HELEN
23. ADDRESS: 1760 NW 94 AVE MIAMI FL
24. CITY: MIAMI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
- 1. NAME: Change Add/In
 - 2. NAME: Change Add/In
 - 3. STREET ADDRESS: Change Add/In
 - 4. CITY/STATE/ZIP: Change Add/In
 - 5. NAME: Change Add/In
 - 6. STREET ADDRESS: Change Add/In
 - 7. CITY/STATE/ZIP: Change Add/In
 - 8. NAME: Change Add/In
 - 9. STREET ADDRESS: Change Add/In
 - 10. CITY/STATE/ZIP: Change Add/In
 - 11. NAME: Change Add/In
 - 12. STREET ADDRESS: Change Add/In
 - 13. CITY/STATE/ZIP: Change Add/In
 - 14. NAME: Change Add/In
 - 15. STREET ADDRESS: Change Add/In
 - 16. CITY/STATE/ZIP: Change Add/In
 - 17. NAME: Change Add/In
 - 18. STREET ADDRESS: Change Add/In
 - 19. CITY/STATE/ZIP: Change Add/In
 - 20. NAME: Change Add/In
 - 21. STREET ADDRESS: Change Add/In
 - 22. CITY/STATE/ZIP: Change Add/In
 - 23. NAME: Change Add/In
 - 24. STREET ADDRESS: Change Add/In
 - 25. CITY/STATE/ZIP: Change Add/In

14. I, the undersigned, certify that the information supplied herein is true and that I am qualified to qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information provided herein is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a resident of the State of Florida and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the list of officers and directors of the corporation with an address.

SIGNATURE: *HELEN PERNA* HELEN PERNA 2-14-97 305-592-4523

CR2E034 (9/96)