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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # \$14530

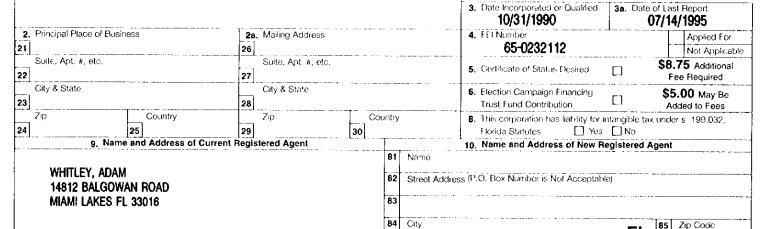
(7)

Corporation Name

BERNARD AVIATION CORP.

Principal Place of Business 14812 BALGOWAN ROAD MIAMI LAKES FL 33016 Mailing Address

14812 BALGOWAN ROAD MIAMI LAKES FL 33016



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. Thereby accept the appointment as registered agent. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DVP	DELETE	1. 1 TOLE	☐ Change ☐ Addition
NAME	sennhenn, bernd r		1.2 NAME	
STREET ADDRESS	21118 N E 5TH PLACE		1.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BEACH FL		1.4 CHY+ST-ZIP	
TITLE	DP	☐ DELETE	2 1 TiTLE	☐ Change ☐ Addition
NAME	Sennhenn, Ruth		2.2 NAME	
STREET ADORESS	14812 BALGOWAN ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL		2.4 CITY - S1 - 7IP	
IILE	DST	☐ DELETE	3 + TIPLE	Change Addition
IAME	WHITLEY, ADAM		3.2 NAME	
TREET ADDRESS	14812 BALGOWAN RD		3.3 STREET ADDRESS	
DITY-ST-ZIP	MIAMI LAKES FL		3.4 C/TY - ST - 7/P	
t⊺LE.		☐ DELE1E	4. 1 TILE	Change Addition
NAME			4.2 NAME	
STHEET ADDRESS			4.3 STREET ADDRESS	
DITY-ST-ZIP			4.4 CITY - ST - ZIP	
ITLE		☐ DELETE	5 1 TILLE	Change Addition
IAME			5.2 NAME	
TREET ADDRESS			5.3 STREET ADDRESS	
ITY - ST - ZIP			5.4 CITY - S1 - ZIP	
TILE		DELF16	6 1 TULE	☐ Change ☐ Addition
:AME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
מול ופ.עדוי			0.4.0(1): 07.7%	

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 proportion or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or on apragachment with an address.

SIGNATURE:

MATURE MOT WED OFFRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/26/96 305-364-8183

CR2E034 (12/95)