

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 21 1996 8:00 am
Secretary of State

DOCUMENT # S37885 (8)

1. Corporation Name

AEROMAR AIRLINES, INC.



Principal Place of Business

6245 NW 18 STREET
BUILDING 2144
MIAMI FL 33159
US

Mailing Address

PO BOX 660475
MIAMI SPRINGS FL 33266
US

3. Date Incorporated or Qualified
03/11/1991

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21 2460 NW 66 Ave

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Bldg 701

27 City & State

City & State

City & State

23 Miami Florida

28 Zip

Zip

Zip

24 33122

Country

29 Country

Country

25 USA

30

4. FEI Number
59-1834817

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

10. Name and Address of New Registered Agent

POLANCO, JAIME
9723 NE 49 TERRACE
MIAMI FL 33178

Polanco Jaime
9759 NW 30 Street
Miami, Florida 33172

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 607.0503, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of person authorized to register agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	PD		
	POLANCO, RAYMUNDO		
	4872 NW 97 COURT	9777 NW 29 Terrace	
	MIAMI FL	Miami, FL 33172	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP
2. TITLE	2. NAME	2. STREET ADDRESS	2. CITY - ST - ZIP
3. TITLE	3. NAME	3. STREET ADDRESS	3. CITY - ST - ZIP
4. TITLE	4. NAME	4. STREET ADDRESS	4. CITY - ST - ZIP
5. TITLE	5. NAME	5. STREET ADDRESS	5. CITY - ST - ZIP
6. TITLE	6. NAME	6. STREET ADDRESS	6. CITY - ST - ZIP

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

02/16/96 303-871-1101
Date Daytime Phone #

CR2E034 (12/95)