

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

AMENDED AR \$6125

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **S59715**

1. Corporation Name
HECTOR AIR CORPORATION

Principal Place of Business Mailing Address

FILED
 97 MAR 11 AM 9:09
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

3. Date incorporated or Qualified **6-13-91** 3a. Date of Last Report **6-22-97**

21	2. Principal Place of Business 3301 NW 59TH AV.	26	2a. Mailing Address 7930 NW 36TH ST
22	Suite, Apt. #, etc. BUILDING 1032	27	Suite, Apt. #, etc. SUITE 23-124
23	City & State MIAMI FLORIDA	28	City & State MIAMI FLORIDA
24	Zip 33159	29	Zip 33166
25	Country USA	30	Country USA

4. FEI Number **65-0274308** 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
**RAUL M. SAGN2
1031 DOVE AVENUE
MIAMI SPRINGS, FLORIDA 33166**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 _____ Signature: Typed or printed name of registered agent and the filer, if applicable. (NOT Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HECTOR GOMEZ	
STREET ADDRESS	1031 DOVE AVE	
CITY-ST-ZIP	MIAMI SPRINGS FLORIDA 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FRED J. MURPHY	
1.3 STREET ADDRESS	7930 NW 36TH ST SUITE 23-124	
1.4 CITY-ST-ZIP	MIAMI FLORIDA 33166	
2.1 TITLE	C/M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	EVERETT R. ARNUNWINE	
2.3 STREET ADDRESS	9826 LASALLE AVE	
2.4 CITY-ST-ZIP	LOS ANGELES CA 90047	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

MWB

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: *[Signature]* **FRED J. MURPHY**
Signature and Typed or Printed Name of Signing Officer or Director

MARCH 10, 1997 305 871-3758
Date Daytime Phone #

CR2E034 (9/96)