

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S92855**

(3)

1. Corporation Name

KEMCO AVIATION CORP.

Principal Place of Business

**7501 PEMBROKE ROAD
GATE 18
PEMBROKE PINES FL 33023**

Mailing Address

**7501 PEMBROKE ROAD
GATE 18
PEMBROKE PINES FL 33023**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1991

3a. Date of Last Report

04/26/1994

4. FEI Number

65-0296705

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 19-19-032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21

2a. Mailing Address

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

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City & State

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BIRKENWALD, RICHARD
2020 N.E. 163RD ST.
SUITE 101
N. MIAMI BEACH FL 33162**

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 607.1508, 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 607.0504, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Change of Registered Agent and the Registered Agent (if not the same person) must be signed and dated.

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1

V

NAME

**ACUNA, MARIANNE M.
7501 PEMBROKE RD GATE 18
PEMBROKE PINES FL**

STREET ADDRESS

CITY, ST, ZIP

12.2

ST

NAME

**ACUNA, ROBERT
7501 PEMBROKE RD GATE 18
PEMBROKE PINES FL**

STREET ADDRESS

CITY, ST, ZIP

12.3

P

NAME

**MAGILL, SHERLEY W
7501 PEMBROKE ROAD GATE 18
PEMBROKE PINES FL**

STREET ADDRESS

CITY, ST, ZIP

12.4

NAME

STREET ADDRESS

CITY, ST, ZIP

12.5

NAME

STREET ADDRESS

CITY, ST, ZIP

12.6

NAME

STREET ADDRESS

CITY, ST, ZIP

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SIGNATURE:

Robert Acuna
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-95

305/966-4433