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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S94122

(6)

1. Corporation Name

U.S. AIRMOTIVE ORLANDO, INC.

Principal Place of Business

1815 ACME STREET
ORLANDO FL 32805
US

Mailing Address

5439 NW 36TH ST.
MIAMI FL 33166-5811

3. Date Incorporated or Qualified

11/14/1991

3a. Date of Last Report

07/12/1996

4. FCI Number

65-0311617

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

KRUSZESKI, ANTHONY E.
7500 S. W. 128TH STREET
MIAMI 33156

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE

Signature (Typed or printed name of registered agent and the "Applicable"

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KRUSZEWSKI, ANTHONY E.
STREET ADDRESS 5439 NW 38TH ST.
CITY-ST-ZIP MIAMI FL

TITLE D
NAME KRUSZEWSKI, ROSE
STREET ADDRESS 5439 NW 38TH ST.
CITY-ST-ZIP MIAMI FL

TITLE D
NAME KRUSE, JOHN
STREET ADDRESS 5439 NW 38TH ST.
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/N Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE D/S Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE D/P/T Change Addition
3.2 NAME KRUSZEWSKI, JOHN
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE V Change Addition
4.2 NAME HENSLEY, DAVID
4.3 STREET ADDRESS 5439 N.W. 36 ST
4.4 CITY-ST-ZIP MIAMI, FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 registered 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] DATE: 11/12/97 305 X 85-11091

CR2E034 (9/96)