SECOND NOTICE: CORPORATION WILL BE D AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOL	JISSOLVED ON OR AFTE	RAUGUST 7, 1996.		
PROFIT CORPORATION	FLORIDA DEPA	ARTMENT OF STATE		
ANNUAL REPORT	4-18:	a B. Mortham Itary of State		
1996	¥.7	F CORPORATIONS		
DOCUMENT # V46249) (1)			
RHEIN AVIATION CORPORATION	1.1			
Principal Place of Business	Mailing Address			,l
6501 N.E. 21ST TERRACE FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 US US			3. Date Incorporated or Qualified 3a. Date of Last Report]
2. Principal Place of Business	2a. Mailing Address		06/26/1992 03/10/1995	
21 Suite Act # etc	26		4. FEI Number Applied FC 65-0342507 Not Applie	
Suite, Apt. #, etc. 22	Suite Apt #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State 23	City & State		6. Election Campaign Financing \$5.00 May Be	
Zip Country 24 25	28 Zip 29	Country 30	Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032	
9. Name and Address of Current R			Florida Statutes Yes X No 10. Name and Address of New Registered Agent	
RHEIN, CONRAD A. 6501 N.E. 21ST TERR.		81 Name		
FORT LAUDERDALE FL 33308			dress (P.O. Box Number is Not Acceptable)	
		83		
		84 City	FL 85 Zip Code	
 Pursuant to the provisions of Sections 607.0502 at office or registered agent, or both, in the State of F office or registered agent, or both, in the State of F 	nd 607.1508, Florida Statut Florida, Such change was r	es, the above-named corp- authorized by the corporati	poration submits this statement for the purpose of changing its registered from's board of directors. I hereby accept the appointment as registered	ed
SIGNATURE		mda Statutes.		
Signature, typod or printed name of registered agent an 12. OFFICERS AND D		ItE Registered Agent signature require 13.		
TITLE DPS	DIFFECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	100 (96)
NAME RHEIN, CONRAD A. STREET ADDRESS 6501 N.E. 21ST TERR.		1.2 NAME		2E034 (3/96)
STREET ADDRESS 6501 N.E. 21ST TERR. CITY-ST-ZIP FT LAUDERDALE FL		1.3 STREET ADDRESS 1.4 CIFY - ST - ZIP		2EO
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11 14. I do hereby certify that the information supplied with further certify that the information supplied with	th this filing is voluntarily fur	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 TITISHED and does not qualifi initial annual report is true an		tion