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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED
Apr 15 1997 8:00am
Secretary of State

 Corporation 	AVIATION INC.	(3) Mailing Address				
6715 MIAMI LA		6715 MIAMI LAKES DR				
G-110		C-110	rA			
MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 US US			>0	3. Date Incorporated or Qualified	3a. Date of Last	Report
				07/27/1992	05/01/1996	
	lace of Business	2a. Mailing Address		4. FEI Number	[-···- f	pplied For
21 079 Suite, Apt	11 NW 7 COURT	Suite, Apt. #, etc.		65-0359870	_ ¢0.75	lot Applicable Additional
22	π, ω.υ.	27		5. Certificate of Status Desired		Required
City & Strib	COOLE PILES F	City & State		8. Election Campaign Financing) May Be
20 PEMI	BROKE FINES F	[26	Country	Trust Fund Contribution 8. This corporation has liability for		to Fees
330	24 25 BROWARD	29	30	Florida Statutes	Yes No	5. 100.00E,
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Ro	egistered Agent	
	PIA, JOHN D. 5 MIAMI LAKES DR. APT. C-110	,		APPIA, JOHN	<i>U.</i>	
	MI LAKES FL 33014		82 Street Ado	dress (P.O. Box Number is Not Accepta	ble)	
			83			
			84 C/O	7)	85 Zic	Code
	1.0	100001000 5	PEM	BROKE PINES	FL [∞] 3	3024
office or r	egiste ed ago t, or both in the State t	of Florida Such change was a	iuthorized by the corpora	rporation submits this statement for the ation's board of directors. I hereby acce	pt the appointment a	s registered
office or r agent. Fa SIGNATURE	Sopra and any photod transport registered age:	t any tie it app able (NOTE	rich above-harned corpore unthorized by the corpore orida Statutes. Registered Agent signature required.	rporation submits this statement for the ation's board of directors. I hereby acceding the statement of the directors of the statement of the	///97 DATE	
SIGNATURE	Service of Balled have of regioned age: OFFICERS AND	t any tie it app able (NOTE	Rogistered Agent signature required. 13. 1.1 TITLE	uired when reinstating)	///97 DATE	
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Tam an officer or freedor of the corporation of 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 pranged on an attachment with an address.

SIGNATURE: