

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

FILED

Feb 12 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 # 496425 (0)

1. Corporation Name
94TH AERO SQUADRON OF MIAMI, INC.



Principal Place of Business: 4155 E LA PALMA AVE SUITE 250 ANAHEIM CA 92807
Mailing Address: 4155 E LA PALMA AVE SUITE 250 ANAHEIM CA 92807-1857

3. Date Incorporated or Qualified: 02/11/1976
3a. Date of Last Report: 04/17/1996
4. FEI Number: 95-3062764
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: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE: DV TALLICHET, CECILIA
NAME: TALLICHET, CECILIA
STREET ADDRESS: 4155 E LA PALMA AVE #250
CITY-ST-ZIP: ANAHEIM CA
TITLE: PD TALLICHET, DAVID C., JR.
NAME: TALLICHET, DAVID C., JR.
STREET ADDRESS: 4155 E LA PALMA AVE #250
CITY-ST-ZIP: ANAHEIM CA
TITLE: AS MCMAHON, JUDITH
NAME: MCMAHON, JUDITH
STREET ADDRESS: 4155 E LA PALMA AVE #250
CITY-ST-ZIP: ANAHEIM CA
TITLE: AT ROYSE, BOB D
NAME: ROYSE, BOB D
STREET ADDRESS: 4155 E LA PALMA AVE #250
CITY-ST-ZIP: ANAHEIM CA
TITLE: ST TALLICHET, CECILIA
NAME: TALLICHET, CECILIA
STREET ADDRESS: 4155 E LA PALMA AVE #250
CITY-ST-ZIP: ANAHEIM CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
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 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: X [Signature] BOB ROYSE 1/20/97 (714) 579-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)