FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

95 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 805834 (9)

1. HALLIBURTON COMPANY

Principal Place of Business:
3600 LINCOLN PLAZA
500 NORTH AKARD STREET
DALLAS TX 75201-0391

Mailing Address:
3600 LINCOLN PLAZA
500 NORTH AKARD STREET
DALLAS TX 75201-0391

3. Date Incorporated or Qualified: 10/23/1944

3a. Date of Last Report: 05/01/1994

4. FEI Number: 73-0271280 — 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. The Corporation has liability for intangible tax under S. 199.01, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	D	
NAME	CRANDALL, ROBERT L	
STREET ADDRESS	4333 AMON CARTER BLVD 6 NORTH	
CITY-ST-ZIP	FT WORTH TX	
TITLE	V	
NAME	KENNEDY, R M	
STREET ADDRESS	3600 LINCOLN-PLAZA	
CITY-ST-ZIP	DALLAS TX	
TITLE	P	
NAME	JONES, DALE P	
STREET ADDRESS	3600 LINCOLN PLAZA	
CITY-ST-ZIP	DALLAS TX	
TITLE	V	
NAME	BLURTON, JERRY H.	
STREET ADDRESS	3600 LINCOLN PLAZA	
CITY-ST-ZIP	DALLAS TX	
TITLE	CEO	
NAME	CRUIKSHANK, THOMAS H.	
STREET ADDRESS	3600 LINCOLN PLAZA	
CITY-ST-ZIP	DALLAS TX	
TITLE	V	
NAME	SKINNER, JACK R.	
STREET ADDRESS	3600 LINCOLN PLAZA	
CITY-ST-ZIP	DALLAS TX	

14. [illegible]

SIGNATURE: JACK R. SKINNER, TAX OFFICER 5-15-95 214/978-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0472250 FF

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

DOCUMENT # 821204 (5)

APPROVED FILED

TACA INTERNATIONAL AIRLINES S A

Principal Place of Business	Mailing Address
ALTOS EDIFICIO CARIBE 20A PISO SAN SLAVADOR, EL SALVADOR US	1221 BRICKELL AVENUE MIAMI FL 33131 US

3. Date Incorporated or Qualified: 02/28/1968
3a. Date of Last Report: 05/27/1994
4. FEI Number: 72-0513595 — 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. [ ] Yes [ ] No

2a. Mailing Address:
27 P. O. BOX 591410
28 Miami, Florida
29 33159-1410 30 U. S. A.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOFFMAN, KENNETH C. 1221 BRICKELL AVENU MIAMI FL 33131	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip
DC	BUSTAMANTE,DR.ENRIQUE B.	EDIFICIO CARIBE	SAN SALVADOR, EL SAL
DP	BLOCH, FEDERICO	EDIFICIO CARIBE	SAN SALVADOR, EL SAL
D	KRIETE, ROBERTO	EDIFICIO CARIBE	SAN SALADOR, EL SAL
D	AVILA, RICARDO KRIETE	EDIFICIO CARIBE	SAN SALVADOR, EL SAL
D	KRIETE, FLORENCE	EDIFICIO CARIBE	SAN SALVADOR, EL SAL
VTD	PALOMO, JOAQUIN	EDIFICIO CARIBE	SAN SALVADOR, EL SAL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

14. [illegible]

TACA INTERNATIONAL AIRLINES

SIGNATURE: Lic. Lorena de Merino — May 09, 1995 — (503)298-5055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0132090 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

DOCUMENT # 826589 (4)

1\. Corporate Name

BANFI PRODUCTS CORPORATION

APPROVED

FILED

TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
21 BANFI PLAZA CS 6039 FARMINGDALE N Y 11735	21 BANFI PLAZA CS 6039 FARMINGDALE N Y 11735

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/06/1971	07/06/1994

4\. FEI Number: 13-4941010 — 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, 22, 23, 24, 25) — 2a. Mailing Address (26, 27, 28, 29, 30)

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS | **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INFO.**

Field	12. Officers and Directors	13. Additions/Changes
TITLE	V	Change / Addition
NAME	NAPOLEON, JL	
STREET ADDRESS	111 CEDAR SWAMP RD	
CITY-ST-ZIP	OLD BROOKVILLE, NY 00000	
TITLE	P	Change / Addition
NAME	MARIANI, HARRY	
STREET ADDRESS	111 CEDAR SWAMP RD	
CITY-ST-ZIP	OLD BROODVILLE, NY 00000	
TITLE	V	Change / Addition
NAME	GOETZ, THERESE	
STREET ADDRESS	21 BANFI PLAZA	
CITY-ST-ZIP	FARMINGDALE NY	
TITLE	C	Change / Addition
NAME	MARIANI, JOHN F JR	
STREET ADDRESS	111 CEDAR SWAMP RD	
CITY-ST-ZIP	OLD BROOKVILLE, NY 00000	
TITLE	V	Change / Addition
NAME	SORRE, LUCIO	
STREET ADDRESS	111 CEDAR SWAMP RD	
CITY-ST-ZIP	OLD BROOKVILLE, NY 00000	
TITLE	V	Change / Addition
NAME	CALDERONE, PHILIP D	
STREET ADDRESS	1111 CEDAR SWAMP RD	
CITY-ST-ZIP	OLD BROOKVILLE NY	

14\. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1), 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: Therese Goetz V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0396760 FP