

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
DO NOT SIGN
HERE
FLORIDA DEPARTMENT OF STATE

DOCUMENT # **805834**

(9)

HALLIBURTON COMPANY

APPROVED
AND
FILED

15 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3600 LINCOLN PLAZA 500 NORTH AKARD STREET DALLAS TX 75201-0391		3600 LINCOLN PLAZA 500 NORTH AKARD STREET DALLAS TX 75201-0391		3. Date of Incorporation in another State 10/23/1944		3a. Date of Last Report 05/01/1994									
2. Principal Office Address 21		2a. Mailing Address 26		4. Filing Date 73-0271280		Applied for Not Applicable									
22.		27.		5. Certificate of Status (Required) ☐		\$8.75 Additional Fee Required									
23.		28.		6. Election Campaign Contribution Trust Fund Contributions ☐		\$5.00 May Be Added to Fees									
24.		29.		8. This corporation is not liable for obligations incurred by it prior to the filing of this report. ☐ 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 Now Registered Agent <table border="1"> <tr> <td>81. Name</td> <td></td> </tr> <tr> <td>82. Street Address (If C, Box Number is Not Applicable)</td> <td></td> </tr> <tr> <td>83.</td> <td></td> </tr> <tr> <td>84. City</td> <td>FL 85. Zip Code</td> </tr> </table>				81. Name		82. Street Address (If C, Box Number is Not Applicable)		83.		84. City	FL 85. Zip Code
81. Name															
82. Street Address (If C, Box Number is Not Applicable)															
83.															
84. City	FL 85. Zip Code														
11. Pursuant to the provisions of Sections 607.01, 607.02, and 607.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office in registered office in both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, accept the appointment of registered agent. (If former address is not the responsibility of the board of directors, Florida Statutes)															
SIGNATURE															
12. OFFICER, DIRECTOR, AND OTHER OFFICERS				13. ADDITIONAL CHANGES TO OFFICERS AND OTHER OFFICERS											
1. NAME	D	CRANDALL, ROBERT L.	1. NAME												
2. STREET ADDRESS		4333 AMON CARTER BLVD 6 NORTH	2. STREET ADDRESS												
3. CITY, STATE, ZIP		FT WORTH TX	3. CITY, STATE, ZIP												
4. NAME	V	KENNEDY, R M	4. NAME												
5. STREET ADDRESS		3600 LINCOLN PLAZA	5. STREET ADDRESS												
6. CITY, STATE, ZIP		DALLAS TX	6. CITY, STATE, ZIP												
7. NAME	P	JONES, DALE P	7. NAME												
8. STREET ADDRESS		3600 LINCOLN PLAZA	8. STREET ADDRESS												
9. CITY, STATE, ZIP		DALLAS TX	9. CITY, STATE, ZIP												
10. NAME	V	BLURTON, JERRY H.	10. NAME												
11. STREET ADDRESS		3600 LINCOLN PLAZA	11. STREET ADDRESS												
12. CITY, STATE, ZIP		DALLAS TX	12. CITY, STATE, ZIP												
13. NAME		CEO	13. NAME												
14. STREET ADDRESS		CRUIKSHANK, THOMAS H.	14. STREET ADDRESS												
15. CITY, STATE, ZIP		3600 LINCOLN PLAZA	15. CITY, STATE, ZIP												
16. NAME	V	SKINNER, JACK R.	16. NAME												
17. STREET ADDRESS		3600 LINCOLN PLAZA	17. STREET ADDRESS												
18. CITY, STATE, ZIP		DALLAS TX	18. CITY, STATE, ZIP												
14. I, the undersigned, certify that the information supplied with this filing is complete, true and correct, and that I am qualified to file this report. I further certify that the information included on this report is complete and correct, and that I am qualified to file this report. I further certify that the information included on this report is complete and correct, and that I am qualified to file this report.															
SIGNATURE: <i>Jack R. Skinner</i>				JACK R. SKINNER, TAX OFFICER 5-15-95 214/978-2600											

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ANNUAL REPORT
1995



DEPARTMENT OF STATE
OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

APPROVED
FEB 19 1996

DOCUMENT # **821204**

(5)

TACA INTERNATIONAL AIRLINES S A

ALTO EDIFICIO CARIBE
2DA PISO
SAN SALVADOR, EL SALVADOR
US

1221 BRICKELL AVENUE
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

2. Filing Date: 21		28. Mailing Address: 26		3. Date of Incorporation: 02/28/1968		3a. Date of Last Report: 05/27/1994	
22. State of Origin: 22		27. P. O. BOX 591410		4. FIC Number: 72-0513595		Request Fee: Not Applicable	
23. City: 23		28. Miami, Florida		5. Certificate of Status Desired: ☐		\$8.75 Additional Fee Required	
24. 25		29. 33159-1410		6. Election Campaign Financing: ☐		\$5.00 May Be Added to Fees	
		30. U. S. A.		7. This Corporation has adopted the Uniform Code on Books & Records: ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOFFMAN, KENNETH C. 1221 BRICKELL AVENUE MIAMI FL 33131				81. Name			
				82. Street Address, R.F.D. Box Number, or Post Office Box			
				83. City			
				84. State: FL 85. Zip Code			

11. The undersigned, president of TACA INTERNATIONAL AIRLINES S A, and TACA INTERNATIONAL AIRLINES S A, hereby certify that the above named corporation, submits this statement for the purpose of changing its registered office of incorporation as provided in the State of Florida, such change was authorized by the corporation's board of directors, thereby, accept the appointment as registered agent. I am a resident of the State of Florida.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS, DIRECTORS, AND SHAREHOLDERS	
NAME	DC BUSTAMANTE, DR. ENRIQUE B. EDIFICIO CARIBE SAN SALVADOR, EL SAL	NAME	☐ Change ☐ Addition
NAME	DP BLOCH, FEDERICO EDIFICIO CARIBE SAN SALVADOR, EL SAL	NAME	☐ Change ☐ Addition
NAME	D KRIETE, ROBERTO EDIFICIO CARIBE SAN SALVADOR, EL SAL	NAME	☐ Change ☐ Addition
NAME	D AVILA, RICARDO KRIETE EDIFICIO CARIBE SAN SALVADOR, EL SAL	NAME	☐ Change ☐ Addition
NAME	D KRIETE, FLORENCE EDIFICIO CARIBE SAN SALVADOR, EL SAL	NAME	☐ Change ☐ Addition
NAME	VTD PALOMO, JOAQUIN EDIFICIO CARIBE SAN SALVADOR, EL SAL	NAME	☐ Change ☐ Addition

14. I hereby certify that the information supplied was true and correct at the time it was filed, and that I am a resident of the State of Florida, and that my signature shall have the same legal effect as if it were signed by me in person, as required by Chapter 220, Florida Statutes, and that my name is not on the list of persons who have been removed from the list of persons who are eligible to serve as officers or directors of the corporation.

SIGNATURE: Lic. Lorena de Molina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 09, 1995 (503) 298-5055

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OFFICE OF THE
ATTORNEY GENERAL

1995



OFFICE OF THE
ATTORNEY GENERAL
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

APPROVED
FILED

08/06/1995

RECEIVED
TALLAHASSEE, FLORIDA

DOCUMENT # 826589

(4)

1. Corporation Name

BANFI PRODUCTS CORPORATION

21 BANFI PLAZA
CS 6039
FARMINGDALE N Y 11735

21 BANFI PLAZA
CS 6039
FARMINGDALE N Y 11735

2. Date of Incorporation

3. Date of Incorporation 08/06/1971 3a. Date of Last Report 07/06/1994

4. Identification Number 13-4941010

5. Certificate of Status Form ☐ \$8.75 Additional Fee Required

6. Director Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

6. This corporation has adopted the appropriate law under the Florida Statutes ☐ Yes ☐ No

21. Name and Address of Current Registered Agent
22. Name and Address of New Registered Agent
23. Name and Address of New Registered Agent
24. Name and Address of New Registered Agent

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

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State FL 85. Zip Code

11. Pursuant to the provisions of Sections 601.01, 601.02 and 601.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent. It is the duty of the State of Florida to change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am hereby authorized to accept the designation of the registered office. Florida Statutes.

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY

NAME	ADDRESS	CHANGE	ADDITION
V NAPOLEON, JL 111 CEDAR SWAMP RD OLD BROOKVILLE, NY 00000		☐	☐
P MARIANI, HARRY 111 CEDAR SWAMP RD OLD BROOKVILLE, NY 00000		☐	☐
V GOETZ, THERESE 21 BANFI PLAZA FARMINGDALE NY		☐	☐
C MARIANI, JOHN F JR 111 CEDAR SWAMP RD OLD BROOKVILLE, NY 00000		☐	☐
V SORRE, LUCIO 111 CEDAR SWAMP RD OLD BROOKVILLE, NY 00000		☐	☐
V CALDERONE, PHILIP D 1111 CEDAR SWAMP RD OLD BROOKVILLE NY		☐	☐

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct for the purposes stated in Sections 601.01, 601.02, 601.03, Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same kept on file and made available to the public for the use of the corporation or the officers or directors thereof for the report as required by Chapter 601, Florida Statutes, and that my name appears on the filing of this report or supplemental report with an affidavit.

SIGNATURE:

Shane, Scott V.P.
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/95 3:14 PM