

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **829668** (3)
1. Corporation Name
AIRCLAIMS INC

Principal Place of Business Mailing Address
6802 WINGCHONG AVENUE #202 **6802 WINGCHONG AVENUE #202**
CHEVY CHASE MD 20815 **CHEVY CHASE MD 20815**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/09/1973** 3a. Date of Last Report **04/13/1994**
4. FEI Number **52-0808636** 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. 189.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **815 N RED ROAD** 25 **SAME**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **SUITE 204** 27
City & State City & State
23 **MIAMI, FL 33126** 28
Zip Country Zip Country
24 **33126** 25 **FL** 29 **FL** 30

9. Name and Address of Current Registered Agent
GRAHAME A. BROUGHTON
815 NORTH RED ROAD
SUITE 204
MIAMI FL 33126

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMOND GILES, DEREK	12 NAME	
STREET ADDRESS	CARDINAL POINT NEWALL RD	13 STREET ADDRESS	
CITY - ST - ZIP	HOUNSLOW, TW	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNKER, DONALD H.	22 NAME	
STREET ADDRESS	1981 AV MCGILL COLLEGE	23 STREET ADDRESS	
CITY - ST - ZIP	MONTREAL, CAN	24 CITY - ST - ZIP	
TITLE	P	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAME A. BROUGHTON	32 NAME	
STREET ADDRESS	815 NORTH RED ROAD	33 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33126	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTCHER, RODNEY M	42 NAME	
STREET ADDRESS	CARDINAL POINT, NEWALL ROAD	43 STREET ADDRESS	
CITY - ST - ZIP	HOUNSLOW, TW6 2AS	44 CITY - ST - ZIP	
TITLE	V	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIECKHOFF, RICHARD H	52 NAME	
STREET ADDRESS	815 NORTH RED ROAD	53 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	54 CITY - ST - ZIP	
TITLE	V	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUPPERLEE, KENNETH	62 NAME	
STREET ADDRESS	815 N RED RD	63 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33126	64 CITY - ST - ZIP	

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 110.07(3)(k), 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: *Genevieve S. Goodman* / **GENEVIEVE S. GOODMAN - CORPORATE SECRETARY** 4/25/95 305-265-1333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Name) (Signature) (Title #)