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PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 30 1996 8:00 am
Secretary of State

DOCUMENT # **829668** **(3)**

1. Corporation Name

AIRCLAIMS INC

Principal Place of Business	Mailing Address
815 N. RED ROAD STE. 204 MIAMI FL 33126 US	815 N. RED ROAD STE. 204 MIAMI FL 33126 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

3. Date Incorporated or Qualified: **03/09/1973**
3a. Date of Last Report: **04/28/1995**
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. 199.032, Florida Statutes ☒ Yes ☐ No

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.____ or 617.____, 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. The 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.____ Florida Statutes.

SIGNATURE: _____ Name of Registered Agent (typed or printed) _____ Date _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE	SECRETARY/TREASURER	☐ Change ☒ Addition
NAME	HAMMOND GILES, DEREK		1.2 NAME	GENEVIEVE S. GOODMAN	
STREET ADDRESS	CARDINAL POINT NEWALL RD		1.3 STREET ADDRESS	815 N. RED ROAD, STE 204	
CITY-ST-ZIP	HOUNSLOW, TW		1.4 CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BUNKER, DONALD H.		2.2 NAME		
STREET ADDRESS	1981 AV MCGILL COLLEGE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MONTREAL, CAN		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GRAHAME A. BROUGHTON		3.2 NAME		
STREET ADDRESS	815 NORTH RED ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BUTCHER, RODNEY M		4.2 NAME		
STREET ADDRESS	CARDINAL POINT, NEWALL ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOUNSLOW, TW6 2AS		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DIECKHOFF, RICHARD H		5.2 NAME		
STREET ADDRESS	815 NORTH RED ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	AUPPERLEE, KENNETH		6.2 NAME		
STREET ADDRESS	815 N RED RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I hereby certify that the information indicated on this report or supplemental 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 with an address, with an asterisk, or on an attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #