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FILED

Feb 06 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 # 829668 (3)

1. Corporation Name
AIRCLAIMS INC

Principal Place of Business

815 N. RED ROAD
STE. 204
MIAMI FL 33126
US

Mailing Address

815 N. RED ROAD
STE. 204
MIAMI FL 33126-2041
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

03/09/1973

3a. Date of Last Report

04/30/1996

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 607.0502 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 type: 10. printed name of registered agent and client applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	HAMMOND GILES, DEREK	
STREET ADDRESS	CARDINAL POINT NEWALL RD	
CITY-ST-ZIP	HOUNSLOW, TW	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUNKER, DONALD H.	
STREET ADDRESS	1981 AV MCGILL COLLEGE	
CITY-ST-ZIP	MONTREAL, CAN	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GRAHAME A. BROUGHTON	
STREET ADDRESS	815 NORTH RED ROAD	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUTCHER, RODNEY M	
STREET ADDRESS	CARDINAL POINT, NEWALL ROAD	
CITY-ST-ZIP	HOUNSLOW, TW6 2AS	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DIECKHOFF, RICHARD H	
STREET ADDRESS	815 NORTH RED ROAD	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	GOODMAN, GENEVIEVE	
STREET ADDRESS	815 N. RED ROAD ST E204	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ST
6.3 STREET ADDRESS	WEIL, LISA
6.4 CITY-ST-ZIP	815 N. RED ROAD STE 204 MIAMI, FLORIDA 33126

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 Jan 97

305 265 1333

CR2E034 (9/96)