

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED) MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M38408 (4)**
1. Corporation Name
TECHNICAL AERO SERVICES, INC.



Principal Place of Business: **C/O KTG&S REGISTERED AGENT CORP. 1401 BRICKELL AVENUE, SUITE 700 MIAMI FL 33131**
Mailing Address: **C/O KTG&S REGISTERED AGENT CORP. 1401 BRICKELL AVENUE, SUITE 700 MIAMI FL 33131**

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

3. Date Incorporated or Qualified: **09/15/1986**
3a. Date of Last Report: **04/14/1995**
4. FEI Number: **65-0021723**
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: **KTG&S REGISTERED AGENT CORP. 1401 BRICKELL AVENUE SUITE 700 MIAMI FL 33131**
10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: 85 Zip Code: **FL**

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 fee if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE:

12. OFFICERS AND DIRECTORS
 PD DELETE
 NAME: **PIERSON, DANIEL J.**
 STREET ADDRESS: **1941 N.W. 97TH AVENUE**
 CITY-ST-ZIP: **MIAMI FL**
 VD DELETE
 NAME: **FALTYN, PAUL D.**
 STREET ADDRESS: **1941 N.W. 97TH AVENUE**
 CITY-ST-ZIP: **MIAMI FL**
 S DELETE
 NAME: **PIERSON, KATHARINE A.**
 STREET ADDRESS: **1941 N.W. 97TH AVENUE**
 CITY-ST-ZIP: **MIAMI FL**
 TD DELETE
 NAME: **BLICKENSTAFF, JOHN E.**
 STREET ADDRESS: **1941 N.W. 97TH AVENUE**
 CITY-ST-ZIP: **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE: Change Addition
 1.2 NAME:
 1.3 STREET ADDRESS:
 1.4 CITY-ST-ZIP:
 2.1 TITLE: Change Addition
 2.2 NAME:
 2.3 STREET ADDRESS:
 2.4 CITY-ST-ZIP:
 3.1 TITLE: Change Addition
 3.2 NAME:
 3.3 STREET ADDRESS:
 3.4 CITY-ST-ZIP:
 4.1 TITLE: Change Addition
 4.2 NAME:
 4.3 STREET ADDRESS:
 4.4 CITY-ST-ZIP:
 5.1 TITLE: Change Addition
 5.2 NAME:
 5.3 STREET ADDRESS:
 5.4 CITY-ST-ZIP:
 6.1 TITLE: Change Addition
 6.2 NAME:
 6.3 STREET ADDRESS:
 6.4 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 119.07(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 G17, Florida Statutes, and that my name appears in Block 12 or Block 13, as changed, or in an attachment with an address.

SIGNATURE: *[Signature]* President 7/31/96 305-254-6777
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)