

DOCUMENT # M38408

1. Entity Name  
Technical Aero Services, Inc.

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90007 011 \*\*\*150.00

Principal Place of Business  
14201 S.W. 142nd St.  
Miami, FL 33186

Mailing Address  
14201 S.W. 142nd St.  
Miami, FL 33186

2. Principal Place of Business  
210 Marc H. Overbach  
201 S. Biscayne Blvd.  
Suite, Apt. #, etc.  
# 2000

3. Mailing Address  
210 Marc H. Overbach  
201 S. Biscayne Blvd.  
Suite, Apt. #, etc.  
# 2000

**A0066169**

DO NOT WRITE IN THIS SPACE

City & State  
Miami, FL

City & State  
Miami, FL

4. FEI Number  
65-0021723

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Zip Country  
33131

Zip Country  
33131

6. Name and Address of Current Registered Agent  
KTC&S Registered Agent Corp.  
100 S.E. 2nd Street  
28th Floor  
Miami, FL 33131

7. Name and Address of New Registered Agent  
Name  
Marc H. Overbach, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
201 S. Biscayne Blvd.  
# 2000  
City  
Miami FL Zip Code  
33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Daniel J. Pierson 14201 S.W. 142nd Street Miami, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ND Paul D. Faltyn 14201 S.W. 142nd Street Miami, FL 33186 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Katharine A. Pierson 14201 S.W. 142nd Street Miami, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD John E. Blickenstaff 14201 S.W. 142nd Street Miami, FL 33186 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DANIEL J. PIERSON 4/28/00 305-254-6777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)