

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -7 AM 10:41

DOCUMENT # **S51806** (5)
1. Corporation Name
THREE SEAS AIR TRANSPORT, INC.

Principal Place of Business Mailing Address
14532 SW 129 STREET 14532 SW 129 STREET
MIAMI FL 33386 MIAMI FL 33166
US US

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/09/1991** 3a. Date of Last Report **06/29/1994**
4. FEI Number **65-0279154** 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

9. Name and Address of Current Registered Agent
COGBURN, ROY EDWARD
4951 SW 193 LANE
FORT LAUDERDALE FL 33332

10. Name and Address of New Registered Agent
81 Name **Charles B. Mirman**
82 Street Address (P.O. Box Number is Not Acceptable) **2 South Biscayne Blvd., Suite 2500**
83
84 City **Miami** FL 85 Zip Code **33131**

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 *Charles B. Mirman* **Charles B. Mirman** **May 23, 1995**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

| | |
|-----------------|----------------------------|
| TITLE | D |
| NAME | COGBURN, ROY EDWARD |
| STREET ADDRESS | 4951 SW 193 LANE |
| CITY - ST - ZIP | FORT LAUDERDALE FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|---------------------------|--|
| 1.1 TITLE | S/T/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | COGBURN, ROY E. | |
| 1.3 STREET ADDRESS | 14532 S.W. 129 ST. | |
| 1.4 CITY - ST - ZIP | MIAMI, FL 33386 | |
| 2.1 TITLE | P/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | COFFEE, THOMAS M. | |
| 2.3 STREET ADDRESS | 14532 S.W. 129 ST. | |
| 2.4 CITY - ST - ZIP | MIAMI, FL 33386 | |
| 3.1 TITLE | V/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | VALLE, JOEL | |
| 3.3 STREET ADDRESS | 14532 S.W. 129 ST. | |
| 3.4 CITY - ST - ZIP | MIAMI, FL 33386 | |
| 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 type="checkbox"/> 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 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; that I am 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 in an attachment with an address.

SIGNATURE: *Thomas M. Coffee* **THOMAS M. COFFEE, PRESIDENT** **5/23/95 (305)**
(Signature and typed or printed name of signing officer or director. Date. Telephone Number) **378-1380**