SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $229 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

FILED
Jul 28 1997 8:00am
Secretary of State

amended PROFIT CORPORATION ANNUAL REPORT ~~1996~~ 1997

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

DOCUMENT # 292291

1. Corporation Name
MIAMI HELICOPTER MAINTENANCE, INC.
3901 N.W. 145th Street, #171
Opalocka, Florida 33054

Principal Place of Business / Mailing Address
Miami Helicopter Maintenance (SAME)
3901 NW 145 Street, #171
Opalocka, Florida 33054

AMENDED

3. Date Incorporated or Qualified: 4/23/1965
3a. Date of Last Report: 1/14/1997
4. FEI Number: 59-1728819 — 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

2. Principal Place of Business
21 SAME
22 Suite, Apt. #, etc.
23 City & State
24 Zip — 25 Country

2a. Mailing Address
26 SAME
27 Suite, Apt. #, etc.
28 City & State
29 Zip — 30 Country

9. Name and Address of Current Registered Agent
DiGregorio, Ernesto
3901 NW 145 Street, #171
Opa Locka, Florida 33054

10. Name and Address of New Registered Agent
81 Name: Esquire Corporate Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): ~~c/o Nicolas Fernandez, P.A.~~
83 2655 Lejeune Road, Ph-1d
84 City: Coral Gables, FL
85 Zip Code: 33134

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] — Registered Agent Signature (required when reinstating) — DATE: 6-2-97

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	Di Gregorio, Ernesto	
STREET ADDRESS	3901 NW 145 ST. #171	
CITY-ST-ZIP	~~Opa Locka Fl~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	☐ Change ☒ Addition
1.2 NAME	Gustavo Riccio	
1.3 STREET ADDRESS	3901 NW 145 Street, #171	
1.4 CITY-ST-ZIP	OpaLocka, Fl 33054	
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	800002257193	☐ Change ☐ Addition
5.2 NAME	-08/04/97--01125--019	
5.3 STREET ADDRESS	***183.75	
5.4 CITY-ST-ZIP		
6.1 TITLE	~~000002257190~~	☐ Change ☐ Addition
6.2 NAME	~~-08/04/97--01125--018~~	
6.3 STREET ADDRESS	~~***183.75~~	
6.4 CITY-ST-ZIP		

PE 7-28

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 6-2-97 — Daytime Phone #