FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
95 JAN 27 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **627781** **(8)**

1. Corporation Name
TOTAL AIR SERVICES, INC.

Principal Place of Business
14376 S.W. 139TH CT.
BAY #10
MIAMI FL 33186

Mailing Address
14376 S.W. 139TH CT.
BAY #10
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/21/1979
3a. Date of Last Report: 02/14/1994

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

4. FEI Number: 59-1919528 — 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
~~HOLTZMAN, SYLVAN~~
~~1500 SAN REMO AV STE 200~~
~~CORAL GABLES FL 33146~~

10. Name and Address of New Registered Agent
81 Name: HKFS & F Registered Agent Corp.
82 Street Address (P.O. Box Number is Not Acceptable): 2601 South Bayshore Drive
83: Suite 600
84 City: Miami FL 85 Zip Code: 33133

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: Arthur J. Furio Vice President — 1-18-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	☐ Change ☐ Addition
NAME	DEL VALLE, IGNACIO G	1.2 NAME	
STREET ADDRESS	100 BISCAYNE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL ~~00000~~	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	Vice-President ☒ Change ☐ Addition
NAME	VASALLO, ISABEL G	2.2 NAME	Juana C. Romaniuk
STREET ADDRESS	14376 S.W. 139TH CT.	2.3 STREET ADDRESS	680 N.E 64 St. Apt A-403
CITY-ST-ZIP	MIAMI, FL ~~00000~~	2.4 CITY-ST-ZIP	Miami FL 33138
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	VASALLO, DEIGO J	3.2 NAME	
STREET ADDRESS	14376 S.W. 139TH CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

SIGN HERE

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 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] JUANA C. ROMANIUK, VP — 01/23/95 — (305) 232-0745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0202070 CP