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

APPROVED AND FILED

95 MAY -1 PM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F68082 (9)

1. Corporate Name
TECHNICAL AVIATION SERVICES, INC.

Principal Place of Business	Mailing Address
5002 NW 36 ST SUITE 305 MIAMI FL 33166 US	P.O BOX 661458 MIAMI SPRINGS FL 33266-458 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 02/22/1982
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2163285 — 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 — 2a. Mailing Address
Suite, Apt. # etc. / City & State / Zip / Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARTINEZ (CEFERINO R.) 5553 NW 36 ST. SUITE F MIAMI SPRINGS FL 33166	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

11. Pursuant to the provisions of sections 607.0502 and 617.0502, 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

12. Officers and Directors		13. Additions / Changes to Officers and Directors
Title	PD	
Name	FLORES (CARLOS M.)	
Street Address	6815 EDGEWATER DR. #201	
City-St-Zip	CORAL GABLES FL	
Title	SD	
Name	ALBERTY (ALBERTO A.)	
Street Address	8540 S.W. 33 TERRACE	
City-St-Zip	MIAMI FL	
Title	TD	
Name	ALBERTY, GUSTAVO A	
Street Address	11243 SW 112 TER	
City-St-Zip	MIAMI FL	

14. I do 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/25/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0432232 FP