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Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # J13225 (4)

1. Corporation Name
AQUARIUS AVIATION, INC.

Principal Place of Business	Mailing Address
% CATHERINE B. PARKS 11060 PARADELA STREET CORAL GABLES FL 33156	% CATHERINE B. PARKS 11060 PARADELA STREET CORAL GABLES FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/02/1986

2. Principal Place of Business
21: 9000 SW 87TH CT, #215
Suite, Apt. #, etc. 22: MIAMI, FL
City & State 23:
Zip 24: 33176 Country 25: USA

2a. Mailing Address
26: P.O. Box 56-2121
Suite, Apt. #, etc. 27:
City & State 28: MIAMI FL
Zip 29: 33256 Country 30: USA

4. FEI Number: 59-2373382 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PARKS, CATHERINE B.
11060 PARADELA STREET
CORAL GABLES FL 33156

10. Name and Address of New Registered Agent

81 Name: MR. ROBT KRAMER C/O KRAMER, GREEN
82 Street Address (P.O. Box Number is Not Acceptable): 4000 HOLLYWOOD BLVD, STE 485 SOUTH
83:
84 City: HOLLYWOOD FL 85 Zip Code: 33021

11. Pursuant to the provisions of Section 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: Robert M. Kramer Jan 29, 1998
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LOEWENHERZ, JAMES W., MD		1.2 NAME		
STREET ADDRESS	11060 PARADELA STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PARKS, CATHERINE B.		2.2 NAME		
STREET ADDRESS	11060 PARADELA STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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: 1/28/98 305-274-4800

CR2E034 (10/97)