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 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K28014** **(4)**

1. Corporation Name
COMMERCIAL AIR SUPPORT, INC.

Principal Place of Business	Mailing Address
8221 NW 54TH ST MIAMI FL 33166 US	8221 NW 554TH ST MIAMI FL 33166 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/11/1988**
3a. Date of Last Report: **04/27/1994**

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

4. FEI Number: **22-2908982** ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLORIDA REGISTERED AGENTS, INC.
100 S.E. 2ND ST
SUITE 3600
MIAMI FL 33131

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and date signed (REQUIRED) (Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~CEO~~	11 TITLE	RESIGNED	☒ Change ☐ Addition
NAME	~~AUGUSTYN, EVAN~~	12 NAME		
STREET ADDRESS	~~8221 NW 54TH ST~~	13 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI FL~~	14 CITY-ST-ZIP		
TITLE	V	21 TITLE	P	☒ Change ☐ Addition
NAME	JOHNSTON, ELDON T.	22 NAME	JOHNSTON, ELDON T.	
STREET ADDRESS	8221 NW 54TH ST	23 STREET ADDRESS	8221 NW 54 STREET	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI, FL	
TITLE	ST	31 TITLE	ST	☒ Change ☐ Addition
NAME	MIKUS, JANIS	32 NAME	SOLOMONS, HOLDES	
STREET ADDRESS	8221 NW 54TH ST	33 STREET ADDRESS	8221 NW 54 STREET	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	MIAMI FL	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	BLUM, CLAUDE P. (DR.)	42 NAME		
STREET ADDRESS	8221 NW 54TH ST	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE		51 TITLE	D	☐ Change ☒ Addition
NAME		52 NAME	RIVERA, OSCAR	
STREET ADDRESS		53 STREET ADDRESS	8221 NW 54 STREET	
CITY-ST-ZIP		54 CITY-ST-ZIP	MIAMI FL	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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 above, or on an attachment with an address.

SIGNATURE: _____ ELDON T. JOHNSTON DATE: APRIL 21 '95 TELEPHONE #: 305 5940084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0430172 FP