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 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P16580** **(3)**

1. Corporation Name
GREENWICH AIR SERVICES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 522187 MIAMI FL 33152	P.O. BOX 522187 MIAMI FL 33152

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
10/28/1987	04/04/1994

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

4. FEI Number **58-1758941** ☐ 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	10. Name and Address of New Registered Agent
STAGG, DARD F 4590 NW. 36 ST. BUILDING 23 MIAMI INTERNATIONAL AIRPORT MIAMI FL 33122	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	CONESE, EUGENE P., SR.	1.2 NAME	
STREET ADDRESS	4590 NW 36 ST. BLDG.23	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33122	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	CONESE, EUGENE P., JR.	2.2 NAME	
STREET ADDRESS	4590 NW 36 ST. BLDG.23	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	MACHADO, ORLANDO	3.2 NAME	
STREET ADDRESS	4590 NW 36 ST. BLDG.23	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33122	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☒ Change ☐ Addition
NAME	MILBERG, ALBERT	4.2 NAME	
STREET ADDRESS	4590 NW 36 ST. BLDG.23 DELETE	4.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SIMONS, CHARLES J.	5.2 NAME	
STREET ADDRESS	4590 NW 36 ST. BLDG.23	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, CHESTERFIELD	6.2 NAME	
STREET ADDRESS	4590 SW 36 ST. BLDG.23	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 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 if changed, or on an attachment with an address.

SIGNATURE: Orlando Machado ORLANDO M. MACHADO 4/20/95 (305) 526-7096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0163026 CF

GREENWICH AIR SERVICES

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PLEASE ADD THE FOLLOWING TO BLOCK 12:

TITLE: V

NAME: ROBERT VANARIA

STREET ADDRESS: 4590 NW 36 ST., BLDG 23

CITY-ST-ZIP: MIAMI, FL 33122

TITLE: D

NAME: CHARLES A. GABRIEL

STREET ADDRESS: 4590 NW 36 ST., BLDG 23

CITY-ST-ZIP: MIAMI, FL 33122

P.O. Box 522167, Miami, Florida 33152-2167 • (305) 526-7000 • Toll-Free: 1-800-736-0800 • Fax: (305) 526-7005