FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000013320 (3)**

1. Corporation Name

RENOVARE AVIATION, INC.

Principal Place of Business
2944 OAK PARK CIRCLE
DAVIE FL 33328

Mailing Address
2944 OAK PARK CIRCLE
DAVIE FL 33328

3. Date Incorporated or Qualified: **02/15/1995**

3a. Date of Last Report:

2. Principal Place of Business
21 9000 NW 15 ST
Suite, Apt. #, etc.
22
City & State
23 MIAMI FL
Zip 24 33172 Country 25 USA

2a. Mailing Address
26 9000 NW 15 ST
Suite, Apt. #, etc.
27
City & State
28 MIAMI FL
Zip 29 33172 Country 30 USA

4. FEI Number: 65-0560271 — 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

BAKER, JOHN F
2944 OAK PARK CIRCLE
DAVIE FL 33320

10. Name and Address of New Registered Agent

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 607.0505 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BAKER, JOHN F	1.2 NAME	
STREET ADDRESS	2944 OAK PARK CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33328	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BAKER, MARGERY M	2.2 NAME	
STREET ADDRESS	2944 OAK PARK CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33328	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, DARLENE C	3.2 NAME	
STREET ADDRESS	10065 NW 54 TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	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 do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(n), 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: DARLENE SMITH 3/26/96 305-542-0446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)