

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000088743 (6)

1. Corporation Name
CHC PANAMA CORP.

Principal Place of Business 3250 MARY STREET SUITE 500 MIAMI FL 33133	Mailing Address 3250 MARY STREET SUITE 500 MIAMI FL 33133-5232
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/17/1995	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26	4. FEI Number APPLIED FOR 58-225 0203		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PELTZ, ARVIN ESQ. 3250 MARY STREET SUITE 500 MIAMI FL 33133				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISER, SHERWOOD M.	1.2 NAME	
STREET ADDRESS	3250 MARY STREET - SUITE 500	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33133	1.4 CITY - ST - ZIP	
TITLE	DAS <input type="checkbox"/> DELETE	2.1 TITLE	DVCAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEFTON, DONALE E.	2.2 NAME	LEFTON, DONALD E.
STREET ADDRESS	3250 MARY STREET - SUITE 500	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33133	2.4 CITY - ST - ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURGES, ROBERT B.	3.2 NAME	
STREET ADDRESS	3250 MARY STREET - SUITE 500	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33133	3.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIBLEY, PETER L.	4.2 NAME	
STREET ADDRESS	3250 MARY STREET - SUITE 500	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33133	4.4 CITY - ST - ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEWITT, THOMAS F.	5.2 NAME	
STREET ADDRESS	3250 MARY STREET - SUITE 500	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33133	5.4 CITY - ST - ZIP	
TITLE	VST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEMLING, PETER W.	6.2 NAME	
STREET ADDRESS	3250 MARY STREET - SUITE 500	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33133	6.4 CITY - ST - ZIP	

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 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:  **Peter W. Temling** 315197 (305) 445-2493
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)