

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1995

4. FEI Number

58-2250203

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

PELTZ, ARVIN ESQ.
3250 MARY STREET
SUITE 500
MIAMI FL 33133

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 607.0502 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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	WEISER, SHERWOOD M	
STREET ADDRESS	3250 MARY STREET - SUITE 500	
CITY - ST - ZIP	MIAMI FL 33133	

TITLE	DVCS	<input type="checkbox"/> DELETE
NAME	LEFTON, DONALD E.	
STREET ADDRESS	3250 MARY STREET - SUITE 500	
CITY - ST - ZIP	MIAMI FL	

TITLE	VAS	<input type="checkbox"/> DELETE
NAME	STURGES, ROBERT B	
STREET ADDRESS	3250 MARY STREET - SUITE 500	
CITY - ST - ZIP	MIAMI FL 33133	

TITLE	V	<input type="checkbox"/> DELETE
NAME	SIBLEY, PETER L	
STREET ADDRESS	3250 MARY STREET - SUITE 500	
CITY - ST - ZIP	MIAMI FL 33133	

TITLE	VAS	<input type="checkbox"/> DELETE
NAME	HEWITT, THOMAS F	
STREET ADDRESS	3250 MARY STREET - SUITE 500	
CITY - ST - ZIP	MIAMI FL 33133	

TITLE	VST	<input type="checkbox"/> DELETE
NAME	TEMLING, PETER W	
STREET ADDRESS	3250 MARY STREET - SUITE 500	
CITY - ST - ZIP	MIAMI FL 33133	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. PETER TEMLING

Date

4/21/98

Daytime Phone #

305-445-2493

0106823

CR2E034 (10/97)