

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 28 1996 8:00 am
Secretary of State

DOCUMENT # S79066 (4)

1. Corporation Name
BISCAYNE AERO MED, INC.

Principal Place of Business
12760 S.W. 137TH AVE.
MIAMI FL 33186

Mailing Address
P.O. BOX 163639
MIAMI FL

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30 33116

9. Name and Address of Current Registered Agent

MARTIN DARYL
12760 S.W. 137TH AVE.
MIAMI FL 33186

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. Thereby 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 in block of registered agent and corporation

Date of Signature

Date

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	BARTH, PAUL	
STREET ADDRESS	14861 S.W. 141 PLACE	
CITY- ST- ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	SHERMAN, ROGER	
STREET ADDRESS	30017 JOHNSON PT RD	
CITY- ST- ZIP	LEESBURG FL	
TITLE	D	☐ DELETE
NAME	MARTIN, DARYL	
STREET ADDRESS	15144 S.W. 153RD AVE.	
CITY- ST- ZIP	MIAMI FL 33196	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		☐ Change ☐ Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE	President	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		☐ Change ☐ Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		☐ Change ☐ Addition
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(b), 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

Daryl R. Martin

3/21/96

Date of Filing

CR2E034 (12/95)