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

FILED

95 JUL 18 PM 1:09

DOCUMENT # V03630 (3)

STARFLIGHT AVIATION, INC.

Principal Place of Business	Mailing Address
825 South Bayshore Dr. Suite 1847 Miami, FL 33131	825 South Bayshore Dr. Suite 1847 Miami, FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/02/1992	3/29/94

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21 825 South Bayshore Dr.	26 825 South Bayshore Dr.	65-0304781	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc 22 1847	Suite, Apt. #, etc 27 1847	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 MIami, FL	City & State 28 Miami, FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 33131 / 25 USA	Zip / Country 29 33131 / 30 USA	8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BAIER, KIRSTEN I. 825 SOUTH BAYSHORE DR. SUITE 1847 MIAMI, FL 33131	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's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MUELLER, HELMUT	12 NAME	
STREET ADDRESS	% 825 S. BAYSHORE DR. STE 1847	13 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 33131	14 CITY ST ZIP	
TITLE	P/S/T	21 TITLE	☐ Change ☐ Addition
NAME	BAIER, KIRSTEN I.	22 NAME	700001546027
STREET ADDRESS	825 SOUTH BAYSHORE DR., STE 1847	23 STREET ADDRESS	-07/25/95--01124--018
CITY ST ZIP	MIAMI, FL 33131	24 CITY ST ZIP	****225.00 ****225.00
TITLE	V/P	31 TITLE	☐ Change ☐ Addition
NAME	KIRCHDORFER, INGEBORG F.	32 NAME	
STREET ADDRESS	% 825 S. BAYSHORE DR., STE 1847	33 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 33131	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	KC

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: _____ President 7-17-95 (305) 372-0288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #