

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

022268

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90072 048 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K71923**

1. Corporation Name  
**FINE AIR SERVICES, INC.**

Principal Place of Business 22614 NW 67TH AVENUE BLDG. 700 MIAMI FL 33122	Mailing Address P O BOX 523726 MIAMI FL 33152 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified <b>03/10/1989</b>	
4. FEI Number <b>65-0140639</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FINE, BARRY H**  
**2261 NW 67TH AVE**  
**BUILDING 700**  
**MIAMI FL 33122**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

**FL**

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 signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FINE, J. FRANK	
STREET ADDRESS	2261 NW 67TH AVE, BLDG 700	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	FINE, BARRY H.	
STREET ADDRESS	2261 NW 67TH AVE BLDG 700	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MACHADO, ORLANDO M	
STREET ADDRESS	2261 NW 67TH AVE BLDG 700	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #2

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lipworth, Celeste A	
1.3 STREET ADDRESS	2261 NW 67th Ave Bldg 700	
1.4 CITY-ST-ZIP	Miami FL 33122	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fine, Barry H.	
2.3 STREET ADDRESS	2261 NW 67th Ave, Bldg 700	
2.4 CITY-ST-ZIP	Miami FL 33122	
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 with all other like empowered.

SIGNATURE: Celeste A. Lipworth Date: 1-6-99 Daytime Phone #: (305) 871-6606

CR2E034 (11/98)