

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

**APPROVED
AND
FILED**

95 APR 17 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S61119** (1)
1. Corporation Name
ARROW AIRLINE HOLDINGS, INC.

Principal Place of Business Mailing Address
960 S.E. 12TH ST. HIALEAH FL 33010 **960 S.E. 12TH ST. HIALEAH FL 33010**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/20/1991** 3a. Date of Last Report **08/10/1994**
4. FEI Number **65-0289142** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
FINAZZO, NICOLAS
950 SE 12TH STREET
HIALEAH FL 33010

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DPC
NAME	BATCHELOR, GEORGE E.
STREET ADDRESS	950 SE 12TH ST.
CITY-ST-ZIP	HIALEAH FL
TITLE	DS
NAME	BARCHOLOR, ANNE O.
STREET ADDRESS	950 SE 12TH ST.
CITY-ST-ZIP	HIALEAH FL
TITLE	T
NAME	HIGGINS, JOHN
STREET ADDRESS	950 SE 12TH ST.
CITY-ST-ZIP	HIALEAH FL
TITLE	V
NAME	MESECHER, BOYD
STREET ADDRESS	950 SE 12TH ST.
CITY-ST-ZIP	HIALEAH FL
TITLE	AS
NAME	DAWSON, HUMPHREY
STREET ADDRESS	950 SE 12TH ST.
CITY-ST-ZIP	HIALEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BATCHELOR, MANUANT.	
1.3 STREET ADDRESS	950 SE. 12 ST.	
1.4 CITY-ST-ZIP	HIALEAH, FL. 33010	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WALKER, RAYMOND S.	
2.3 STREET ADDRESS	950 SE. 12 ST.	
2.4 CITY-ST-ZIP	HIALEAH, FL. 33010	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FINAZZO, NICOLAS	
3.3 STREET ADDRESS	950 SE. 12 ST.	
3.4 CITY-ST-ZIP	HIALEAH, FL. 33010	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A. O. Batchelor - SECRETARY 3/31/95 (305) 987-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #
ANNE O. BARCHOLOR