SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998

CUBAN AIRLINES, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

_, Secretary of State DIVISION OF CORPORATIONS

(7)

FILED Sep 30 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address		· · · · · · · · · · · · · · · · · · ·		Ш
4851 NW 79 A		-				
STE 11 MIAMI FL 33166		4851 NW 79 AVE STE 11 Miami Fl 33166				
					DO NOT WRITE IN THIS SPACE	
us .		US			3. Date Incorporated or Qualified 10/12/1992	
2. Principal Place of Business 21		2a. Mailing Address 26			4. FEI Number NOT APPLICABLE Applied Fo	
Suite, Apt #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additiona Fee Required	31
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution Added to Fees	
Zip 24	Country 25	Zip [29]	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent	
	FINO, L. MICHAEL		81	Name		
550 STE	BILTMORE WAY 830		82	Street A	ot Address (P.O. Box Number is Not Acceptable)	
	AL GABLES FL 33134		83			
			84	City	FL 85 Zip Code	
office or	t to the provisions of sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a	uthorized by	the corpor	propriation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered agen	·			a required when reinstating) DATE	
12.	OFFICERS AN		13.	Jeni signatura	a required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.2	
TITLE	D	DELETE	1.1 TITL€	T		
NAME	NELMS, KEVIN P.	L. J DECETE	1.2 NAME		L Change L Add	ition [
STREET ADDRESS	3824 DIAMOND LOCH W		1.3 STREET	ADDDERO		
CITY-ST-ZIP	FT WORTH TX					
TITLE	D	ГЛьекее	1.4 CITY-ST 2 1 TITLE	-Z#P		
NAME	MILLS, DAVID A.	L DELETE			Change Addi	ition
	32 HARBOUR POINT		2.2 NAME			
STREET ADDRESS	FT WORTH TX		2.3 STREET			-
CITY-ST-ZiP			2.4 CITY-ST	ZIP	F-1	
TITLE] DELETE	3.1 TITLE	- 1	Change Addi	tion
NAME			3.2 NAME			- 1
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-5T-ZIP			3.4 CITY-ST-	ZIP		
TITLE		L.] DELETE	4.1 TITLE		Change Addit	tion
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		4.4 CITY-ST-	ZIP]
TITLE		DELETE	5.1 TITLE		Change Addit	tion
NAME			5.2 NAME		9000026539 5 9	
STREET ADDRESS			5.3 STREET	ADDRESS	-10/02/98010200 0 8	
CITY-ST-ZIP			5.4 CITY-ST-	ZIP	***550 . 00	- 1
TITLE		DELETE	8.1 TITLE		Change Addit	tion
NAME.			6.2 NAME			T.
STREET ADDRESS			6.3 STREET	ADDRESS	$\int_{\Omega} f$	ભ ્ર⊦
City-ST-ZIP	.(\		6.4 CITY-ST-		γ	'

14. I hereby certify that the inproduction 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 by supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of this carphylation 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 Invitation, or on an attachment with an address.