

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 30 1996 8:00 am
Secretary of State

DOCUMENT # K10351 (0)

1. Corporation Name
ARROW AIR, INC.



Principal Place of Business
3401 NW 59 AVE
MIAMI FL 33140 13166
US

Mailing Address
P. O. BOX 026062
MIAMI FL 33102-6062
US

3. Date Incorporated or Qualified 01/04/1988 3a. Date of Last Report 05/31/1995

2. Principal Place of Business 21 3401 NW 59 AVE Suite, Apt. #, etc. 22 City & State 23 MIAMI, FLORIDA 24 33126 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 29 Zip 30 Country	4. FEI Number 59-2929045 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

FINAZZO, NICOLAS
950 SOUTHEAST 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	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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S BATCHELOR, ANNE O	1.2 NAME	S GEORGE JOHNSON
STREET ADDRESS	950 SE 12TH STREET	1.3 STREET ADDRESS	3401 NW 59 AVE
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	MIAMI, FL 33126
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DVP BATCHELOR, JONATHAN	2.2 NAME	DPC JONATHAN BATCHELOR
STREET ADDRESS	950 SOUTHEAST 12TH STREET	2.3 STREET ADDRESS	3401 NW 59 AVE
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	MIAMI, FL 33126
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T WESTER, PHIL	3.2 NAME	V LEE STEELE
STREET ADDRESS	3550 NORTHWEST 59TH AVENUE	3.3 STREET ADDRESS	3401 NW 59 AVE
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33126
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D COLE, TODD G	4.2 NAME	V ED LESKO
STREET ADDRESS	3401 NW 59 AVE	4.3 STREET ADDRESS	3401 NW 59 AVE
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL 33126
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D SIMONS, CHARLES J	5.2 NAME	V KEO WILSON
STREET ADDRESS	3401 NW 59 AVE	5.3 STREET ADDRESS	3401 NW 59 AVE
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI, FL 33126
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D O'NEILL, REV. D PATRICK	6.2 NAME	V JOHN KEMPSTER
STREET ADDRESS	3401 NW 59TH AVE	6.3 STREET ADDRESS	3401 NW 59 AVE
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	MIAMI, FL 33126

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)(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 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

George F. Johnson, Secretary 4/9/96 305.526.0920

CR2E034 (12/95)