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Apr 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K10351 (0)

1. Corporation Name
ARROW AIR, INC.

Principal Place of Business

3401 NE 59TH AVE
MIAMI FL 33126
US

Mailing Address

P. O. BOX 028062
MIAMI FL 33102-8062
US



3. Date Incorporated or Qualified 01/04/1988
3a. Date of Last Report 04/30/1996

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

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 MICHAEL R. HENRICKSON
82 Street Address (P.O. Box Number is Not Acceptable) 950 S.E. 12 STREET
83
84 City HIALEAH FL 85 Zip Code 33010

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 understand the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Michael R. Henrickson* MICHAEL R. HENRICKSON / ASS'T. SEC. 3-27-97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, GEROGE	1.2 NAME	SEE ATTACHED LIST
STREET ADDRESS	3401 NW 59TH AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
	<input checked="" type="checkbox"/> DELETE		
TITLE	DPC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACHELOR, JONATHAN	2.2 NAME	
STREET ADDRESS	3401 NW 59TH AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
	<input type="checkbox"/> DELETE		
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTER, PHIL	3.2 NAME	
STREET ADDRESS	3550 NORTHWEST 59TH AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
	<input type="checkbox"/> DELETE		
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, TODD G	4.2 NAME	
STREET ADDRESS	3401 NW 59 AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
	<input type="checkbox"/> DELETE		
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMONS, CHARLES J	5.2 NAME	
STREET ADDRESS	3401 NW 59 AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	
	<input type="checkbox"/> DELETE		
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEILL, REV. D PATRICK	6.2 NAME	
STREET ADDRESS	3401 NW 59TH AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	6.4 CITY - ST - ZIP	
	<input type="checkbox"/> DELETE		

14. I do 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 in an attachment with an address.

SIGNATURE: *Michael R. Henrickson* MICHAEL R. HENRICKSON / ASS'T. SEC. 3-27-97 (305) 889-6222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)

OFFICERS & DIRECTORS

COMPANY: ARROW AIR, INC.

<u>Title</u>	<u>Name</u>	<u>Address</u>
P/D/S	Batchelor, Jon	950 S.E. 12th Street Hialeah, FL 33010
D	O'Neill, Pat	950 S.E. 12th Street Hialeah, FL 33010
D	Simons, Charles	950 S.E. 12th Street Hialeah, FL 33010
D	Cole, Todd	950 S.E. 12th Street Hialeah, FL 33010
V	Wilson, Ken O.	950 S.E. 12th Street Hialeah, FL 33010
V	Kempster, John	950 S.E. 12th Street Hialeah, FL 33010
V	Lesko, Ed	950 S.E. 12th Street Hialeah, FL 33010
T	Wester, Phil	950 S.E. 12th Street Hialeah, FL 33010
AS	Walker, Raymond S.	950 S.E. 12th Street Hialeah, FL 33010
AS	Dawson, Humphrey	950 S.E. 12th Street Hialeah, FL 33010