AMENDMENT

FILED
Jun 05 1998 8:00am
Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # K10351 (0)

1. Corporation Name
ARROW AIR, INC.

[redacted]

Principal Place of Business	Mailing Address
3401 NE 59TH AVE MIAMI FL 33126 US 3401 N.W. 59th Ave. Miami, FL 33126	P. O. BOX 026062 MIAMI FL 33102-6062 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	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: 01/04/1988

4. FEI Number: 59-2929045 ☐ 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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MICHAEL R HENRICKSON
950 SE 12 STREET
HIALEAH FL 33010

10. Name and Address of New Registered Agent

31 Name: RHONDA S. POLK, ESQ.
32 Street Address (P.O. Box Number is Not Acceptable): 950 S.E. 12th Street
33 Hialeah, FL 33010
34 City: FL 35 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: Rhonda S. Polk 6/3/98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC	☐ DELETE	1.1 TITLE	D/P/S XX Change ☐ Addition
NAME	BACHELOR, JONATHAN		1.2 NAME	BATCHELOR, JONATHAN
STREET ADDRESS	3401 NW 59TH AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	T	XX DELETE	2.1 TITLE	☐ Change XX Addition
NAME	WESTER, PHIL		2.2 NAME	GRAHAM, LEWIS C.
STREET ADDRESS	3550 NORTHWEST 59TH AVENUE		2.3 STREET ADDRESS	3401 N.W. 59th Avenue
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, Fl
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COLE, TODD G		3.2 NAME	
STREET ADDRESS	3401 NW 59 AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SIMONS, CHARLES J		4.2 NAME	
STREET ADDRESS	3401 NW 59 AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	O'NEILL, REV. D PATRICK		5.2 NAME	700002553307
STREET ADDRESS	3401 NW 59TH AVE		5.3 STREET ADDRESS	-06/03/98--01094--029
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	***61.25
TITLE		☐ DELETE	6.1 TITLE	VP/ AS ☐ Change XX Addition
NAME			6.2 NAME	POLK, RHONDA S.
STREET ADDRESS			6.3 STREET ADDRESS	950 S.E. 12th Street
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Hialeah, FL 33010

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.

SIGNATURE: Rhonda S. Polk (305) 889-6222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone # 0260486

CR2E034 (10/97)