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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K10351

1. Corporation Name
ARROW AIR, INC.

Principal Place of Business
3401 NE 59TH AVE
MIAMI FL 33126
US

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/04/1988	
21	Suite, Apt. #, etc.	26	P.O. Box 523726	4. FEI Number 59-2929045	Applied For No: Applicable
22	City & State	27	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	City & State	28	Miami, Florida	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	
	Country	30	Country		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
POLK, RHONDA S ESO 950 SE 12TH ST HIALEAH FL 33010				81 Name Celeste A. Lipworth, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 2261 N.W. 67th Avenue, Bldg 700 83 Miami, Florida 84 City Miami FL 85 Zip Code 33152	

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 *Celeste Lipworth* (NOT E: Registered Agent signature required when reinstating) DATE **4-26-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	P
NAME	BACHELOR, JONATHAN	1.2 NAME	Cabeza, Guillermo J.
STREET ADDRESS	3401 NW 59TH AVE	1.3 STREET ADDRESS	3401 NW 59th Avenue
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	T	2.1 TITLE	S
NAME	GRAHAM, LEWIS C	2.2 NAME	Lipworth, Celeste A.
STREET ADDRESS	3401 NE 59TH AVE	2.3 STREET ADDRESS	2261 N.W. 67th Avenue
CITY-ST-ZIP	MIAMI FL 33126	2.4 CITY-ST-ZIP	Miami, FL 33122
TITLE	D	3.1 TITLE	D
NAME	COLE, TODD G	3.2 NAME	Fine, Barry H.
STREET ADDRESS	3401 NW 59 AVE	3.3 STREET ADDRESS	2261 N.W. 67th Avenue
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33122
TITLE	D	4.1 TITLE	D
NAME	SIMONS, CHARLES J	4.2 NAME	Fine, J. Frank
STREET ADDRESS	3401 NW 59 AVE	4.3 STREET ADDRESS	2261 N.W. 67th Avenue
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33122
TITLE	D	5.1 TITLE	
NAME	O'NEILL, REV. D PATRICK	5.2 NAME	
STREET ADDRESS	3401 NW 59TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	VPAS	6.1 TITLE	
NAME	POLK, RHONDA S	6.2 NAME	
STREET ADDRESS	950 S.E. 12TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010	6.4 CITY-ST-ZIP	

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, with a power like empowered.

SIGNATURE: *Celeste Lipworth* DATE **4-26-99** (305) 871-6606

CR2E034 (11/98)