

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000005580

Entity Name: AERLINE HOLDINGS INC.**Current Principal Place of Business:**121 ALHAMBRA PLAZA SUITE 1700
CORAL GABLES, FL 33134**Current Mailing Address:**121 ALHAMBRA PLAZA SUITE 1700
CORAL GABLES, FL 33134 US**FEI Number:** 47-1198355**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR/CEO
Name	FINAZZO, NICOLAS
Address	121 ALHAMBRA PLAZA SUITE 1700
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR/COO
Name	NICHOLS, ROBERT B
Address	121 ALHAMBRA PLAZA SUITE 1700
City-State-Zip:	CORAL GABLES FL 33134

Title	CLO/SECRETARY
Name	CUMMISKEY, PAUL J
Address	121 ALHAMBRA PLAZA SUITE 1700
City-State-Zip:	CORAL GABLES FL 33134

Title	CFO
Name	STEWART, SCOTT
Address	121 ALHAMBRA PLAZA SUITE 1700
City-State-Zip:	CORAL GABLES FL 33134

Title	VP/CONTROLLER
Name	AMARO, JOSE
Address	121 ALHAMBRA PLAZA SUITE 1700
City-State-Zip:	CORAL GABLES FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL J. CUMMISKEY**CLO/SECRETARY****02/06/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date