

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

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**May 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 857190 (3)
1. Corporation Name
AMERICAN AIRLINES, INC.



Principal Place of Business 4333 AMON CARTER BLVD MD 5675 FT. WORTH TX 76155 US	Mailing Address P.O. BOX 619616 MD 5675 DFS AIRPORT TX 75261-9616 US
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3. Date Incorporated or Qualified 07/25/1983	3a. Date of Last Report 04/27/1996
4. FEI Number 13-1502798	Applied For <input type="checkbox"/> 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	25
29	30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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 _____ DATE _____
Eg. Sub-agent to provide name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	MARLETT, CHARLES D.	
STREET ADDRESS	4333 AMON CARTER BLVD., MD 5675	
CITY - ST - ZIP	FT. WORTH TX 76155	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KELLY, PAT T.	
STREET ADDRESS	4333 AMON CARTER BLVD., MD 5675	
CITY - ST - ZIP	FT. WORTH TX 76155	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CURTIS, LAURI L.	
STREET ADDRESS	4333 AMON CARTER BLVD., MD 5675	
CITY - ST - ZIP	FT. WORTH TX 76155	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JORDAN, MARY B.	
STREET ADDRESS	4333 AMON CARTER BLVD., MD 5675	
CITY - ST - ZIP	FT. WORTH TX 76155	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RICHARDI, RALPH L.	
STREET ADDRESS	4333 AMON CARTER BLVD., MD 5675	
CITY - ST - ZIP	FT. WORTH TX 76155	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JONES, TERRY B.	
STREET ADDRESS	4333 AMON CARTER BLVD., MD 5675	
CITY - ST - ZIP	FT. WORTH TX 76155	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Asst. Corp. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	J. Otto Greenow	
1.3 STREET ADDRESS	4333 Amon Carter Blvd., MD 5675	
1.4 CITY - ST - ZIP	Ft. Worth, TX 76155	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 on an attachment with an address.

SIGNATURE: *J. Otto Greenow* 4-24-97 817-931-4426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)