2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

F00000002381 DOCUMENT



Apr 28, 2003 8:00 am Secretary of State 04-28-2003 91391 038 ***158.75

FILED

1. Entity Name TROPICAL INTERNATIONAL AIRWAYS, LTD., INCORPORAT

					_ [·								
Principal Place of Business ROBERT L. BRADSHAW INTERNATIONAL AIRPORT BIRD ROCK RD. BASSETERRE, ST. KITTS, WI				Mailing Address 2900 UNIVERSITY DRIVE SUITE 72 CORAL SPRINGS FL 33065											
2. Principal Place of Business				3. Mailing Address											
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES							
City & State				City & State			4. FEI Number			T APPL	APPLICABLE			pplied For ot Applicable	
Zip Country			Zip	Zip Cou				5. Certifica	ate of Statu	s Desired	X.		8.75 Ad		
	6. Name	d Agent				7. Name a	and Addres	s of New	Register	red Aç	jent				
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MAYERS, COLIN							Strott Address (P.O. Pou Nimber is Not Acceptable)								
2900 UNIVERSITY DRIVE				Street			Addrass 4P.S. Box Numbers is NCt Acceptable)								
SUITE 72								• • • • • • • • • • • • • • • • • • • •							
CORAL SPRINGS FL 33065						City Miami						FL	Zip Coc 3318	le 33	
	named entity tions of regist	submits this statement ered agent.	for the purp	oose of changing its	registered	office o	r registered	d agent, or	both, in the	State of F	Florida. I	am fa			
SIGNATURE .	Signature, typed	or printed name of registered age	nt and title if app	olicable. (NOTE	E: Registered A	gent signal	ture required wh	nen reinstating)			DA	TE			
	N E MOWU	L CCC 10 6160 00													
		! FEE IS \$150.00 3 Fee will be \$550.00	,					9.	Election Ca	ampaign F	inancing		\$5.0	0 May Be	
		Florida Department							Trust Fund	Contribut	ion.		Adde	d to Fees	
10.		OFFICERS AN		l NDC	11.			ADDITION	NS/CHANG	ES TO OF	EICEDS	ANID F	NECTOR	10 INI 11	
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CITY-ST-ZIP	CORAL SPRINGS FL 33065														
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NAME	OESTREICH, IRVING		NAMI									Onlings			
STREET ADDRESS	9440 TANGERINE PL				STREET	ADDRESS								J	
CITY-ST-ZIP	DAVIE FL 33328					CITY-ST-ZIP									
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NAME	KILLGO, JA	AMES			NAME			· · · · · · · · · · · · · · · · · · ·					_		
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NAME	RICHARDS				NAME										
STREET ADDRESS	4301 SW 7					ADDRESS									
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NAME	HEITNER,				NAME										
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CITY-ST-ZIP	NORTH LA	UDERDALE FL 33068	· · · · · · · · · · · · · · · · · · ·		CITY-ST	- ZIP	 -							-	
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Colin Mayers
Director

305 408 7105