

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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**95 APR 21 PM 2: 07**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**DOCUMENT # F93000005609 (3)**  
1. Corporation Name  
**CARIBBEAN AIR CHARTERS, INC.**

Principal Place of Business      Mailing Address  
**ONE BEACH 105 ST., APT. #B-C  
ROCKAWAY PARK NY 11693**      **ONE BEACH 105 ST., APT. #B-C  
ROCKAWAY PARK NY 11693**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 <b>9850 OVERSEAS Hwy.</b>		26		12/10/1993		06/28/1994	
22 <b>Marathon Airport</b>		27		4. FEI Number		Applied For	
23 <b>Marathon, Fla.</b>		28		11-3046563		Not Applicable	
24 <b>33050</b>		25 <b>U.S.A.</b>		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. 100.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>O'REILLY, JAMES 215 PLANTATION BLVD. ISLAMORADA FL 33038</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				<b>FL</b>			

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARMON, JAMES</b>	1.2 NAME	<b>- Delete all reference information on James Harmon (no longer applicable)</b>
STREET ADDRESS	<b>1439 LAKE MANGO WAY</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WEST PALM BEACH FL 33406</b>	1.4 CITY - ST - ZIP	
TITLE	<b>P</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'REILLY, MICHAEL A</b>	2.2 NAME	
STREET ADDRESS	<b>ONE B, 105 ST., APT. 8-C</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ROCKAWAY PARK NY 11693</b>	2.4 CITY - ST - ZIP	
TITLE	<b>V</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'REILLY, EUGENE F</b>	3.2 NAME	
STREET ADDRESS	<b>ONE B, 105 ST., APT. 8-C</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ROCKAWAY PARK NY 11693</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 the 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: Eugene F. O'Reilly (EUGENE F. O'REILLY)      4-15-95      (714) 474-1703  
SIGNATURE AND TYPED OR PRINTED NAME OF INCORPORATING OFFICER OR DIRECTOR      Date      Daytime Phone #