

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

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**Mar 26 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # K71923 (2)**

1. Corporation Name  
**FINE AIRLINES, INC.**



Principal Place of Business Mailing Address  
**1640 NW 62ND AVENUE BLDG 2169  
P O BOX 523726  
MIAMI FL 33152** **P O BOX 523726  
MIAMI FL 33152-3726  
US**

3. Date Incorporated or Qualified **03/10/1989** 3a. Date of Last Report **04/22/1996**

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country	4. FEI Number <b>65-0140639</b>	Applied For Not Applicable
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						

**FINE, BARRY H.  
1640 NW 62 AVE.  
BUILDING 2169  
MIAMI FL 33122**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>FINE, J. FRANK</b>	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS <b>1640 NW 62 AVE BLDG 2169</b>	CITY-ST-ZIP <b>MIAMI FL</b>	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE <b>VST</b>	NAME <b>FINE, BARRY H.</b>	1.4 CITY-ST-ZIP	2.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS <b>1640 NW 62 AVE BLDG 2169</b>	CITY-ST-ZIP <b>MIAMI FL</b>	2.2 NAME	
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
TITLE <b>D</b>	NAME <b>FINE, BARRY H.</b>	2.4 CITY-ST-ZIP	3.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS <b>1640 NW 62 AVE BLDG 2169</b>	CITY-ST-ZIP <b>MIAMI FL</b>	3.2 NAME	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
TITLE	NAME	3.4 CITY-ST-ZIP	4.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	5.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	6.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>
	<input type="checkbox"/> DELETE	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	
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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-21-97 821-6606**

CR2E034 (9/96)