


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

FILED  
Feb 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K71923** (2)

1. Corporation Name  
**FINE AIR SERVICES, INC.**

Principal Place of Business <b>22614 NW 67TH AVENUE BLDG. 700 MIAMI FL 33122</b>	Mailing Address <b>P O BOX 523726 MIAMI FL 33152 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/10/1989</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0140639</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>FINE, BARRY H 1640 NW 62 AVE. BUILDING 2169 MIAMI FL 33122</b>				10. Name and Address of New Registered Agent			
				81 Name <b>Barry H. Fine</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>2261 N.W. 67th Ave.</b>			
				83 Building <b>Building 700</b>			
				84 City <b>Miami</b>			
				85 Zip Code <b>FL 33122</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 *Barry H. Fine* **Barry H. Fine, President** 1/13/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FINE, J. FRANK		1.2 NAME	Fine, J. Frank			
STREET ADDRESS	1640 NW 62 AVE BLDG 2169		1.3 STREET ADDRESS	2261 N.W. 67th Ave. Building 700			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, FL 33122			
TITLE	VST	<input type="checkbox"/> DELETE	2.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FINE, BARRY H.		2.2 NAME	Fine, Barry H.			
STREET ADDRESS	1640 NW 62 AVE BLDG 2169		2.3 STREET ADDRESS	2261 N.W. 67th Ave. Building 700			
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, FL 33122			
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FINE, BARRY H.		3.2 NAME	Machado, Orlando M.			
STREET ADDRESS	1640 NW 62 AVE BLDG 2169		3.3 STREET ADDRESS	2261 N.W. 67th Ave. Building 700			
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, FL 33122			
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 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 *Barry H. Fine* **Barry H. Fine** 1/13/98

CR2E034 (10/97)