

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90072 048 \*\*\*150.00

DOCUMENT # K71923

1. Corporation Name

FINE AIR SERVICES, INC.

Principal Place of Business

22614 NW 67TH AVENUE  
BLDG. 700  
MIAMI FL 33122

Mailing Address

P O BOX 523726  
MIAMI FL 33152  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1989

4. FEI Number

65-0140639

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

FINE, BARRY H  
2261 NW 67TH AVE  
BUILDING 700  
MIAMI FL 33122

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FINE, J. FRANK	
STREET ADDRESS	2261 NW 67TH AVE, BLDG 700	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	FINE, BARRY H.	
STREET ADDRESS	2261 NW 67TH AVE BLDG 700	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MACHADO, ORLANDO M	
STREET ADDRESS	2261 NW 67TH AVE BLDG 700	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lipworth, Celeste A	
1.3 STREET ADDRESS	2261 NW 67th Ave Bldg 700	
1.4 CITY-ST-ZIP	Miami FL 33122	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fine, Barry H.	
2.3 STREET ADDRESS	2261 NW 67th Ave, Bldg 700	
2.4 CITY-ST-ZIP	Miami FL 33122	
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 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Celeste A. Lipworth

Date

Daytime Phone #

1-6-99 (305) 871-6606

CR2E034 (11/98)