


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

FILED  
Mar 05 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 # **L52150** (4)  
1. Corporation Name  
**MIAMI AIR INTERNATIONAL, INC.**



Principal Place of Business  
**5000 NW 36TH STREET  
SUITE 307  
MIAMI FL 33122  
US**

Mailing Address  
**P O BOX 680880  
SUITE 302  
MIAMI SPRINGS FL 33268  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/22/1990</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0174270</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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				10. Name and Address of New Registered Agent	
<b>O'NAGHTEN, JUAN T 2665 S BAYSHORE DR SUITE 1100 GRAND BAY PLAZA MIAMI FL 33133</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DT	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FITZGERALD, BRIAN			1.2 NAME	WERNER, ROBERT		
STREET ADDRESS	5000 NW 36TH ST			1.3 STREET ADDRESS	5000 NW 36TH ST		
CITY-ST-ZIP	MIAMI FL 33266			1.4 CITY-ST-ZIP	MIAMI FL 33266		
TITLE	DC	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LYALL, GEORGE			2.2 NAME	CONSERV, ROBERT		
STREET ADDRESS	5000 NW 36TH ST			2.3 STREET ADDRESS	5000 NW 36TH ST		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	MIAMI FL 33266		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	O'NAGHTEN, JUAN T.			3.2 NAME	PROIA, JAMES		
STREET ADDRESS	5000 NW 36TH ST			3.3 STREET ADDRESS	5000 NW 36TH ST		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	MIAMI FL 33266		
TITLE	DP	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FISCHER, D. ROSS			4.2 NAME	WILSON, KENNETH		
STREET ADDRESS	5000 NW 36TH ST			4.3 STREET ADDRESS	5000 NW 36TH ST		
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP	MIAMI FL 33266		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MASFERRER, E			5.2 NAME			
STREET ADDRESS	5000 NW 36TH ST			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			5.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PETERSON, LOIS H.			6.2 NAME			
STREET ADDRESS	5000 NW 36TH ST			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			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: *[Signature]* 305 876 3630

CR2E034 (10/97)