2nd and File on or before Sept. 30, 1998 or Limited Liability Company will be FINAL NOTICE: dissolved. If dissolved, minimum amount due to prinstate: \$688.75 SECRETARY OF STATE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY DIVISION OF CORPORATIONS Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 SEP 23 AN 10: 38 ING Fate Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address **DOCUMENT #** of Limited Liability Company L97000001172 1a. Principal Place of Business Address INTER AMERICAN AIRLINES, L.L.C. 848 BRICKELL AVENUE, STE. 1140 848 BRICKELL AVENUE, STE. 11 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 10/22/1997 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. 65-0794034 City & State City & State 5. Date of Last Report 6. Certificate of Status Desired Country Zıp Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office HOWARD, HENRY Street Address (P.O. Box Number is Not Acceptable) 848 BRICKELL AVENUE, STE. 1140 MIAMI FL 33131 Suite, Apt. #, etc. 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the puriose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE_ DATE [Registered Agent Accepting Appointment] (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM HOWARD, HENRY 848 BRICKELL AVENUE, STE. MIAMI FL

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11. Ido 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or managor of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE

HENRY & HOWARD MANAGING MEMBER (305) 371-3744 2224