File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FILED SECRETARY OF STATE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY **Katherine Harris** DIVISION OF CORPORATIONS ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR 10 PM 3: 12 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE DOCUMENT # 197000001172 Name and Mailing Address
of Limited Liability Company 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 3. Date Organized or Qualified 3a. State of Formation 2a. Mailing Address 2 Principal Place of Business 10/22/1997 FLSuite, Apt. #, etc. Suite, Apt #, etc. 4. FEI Number Applied For 65-0794034 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country 210 Country Zip 09/23/1998 \$8.75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent HOWARD, HENRY 848 BRICKELL AVENUE, STE. 1140 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 331.31 Suite, Apt. #, etc. City 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 purpose 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. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Respiratories Aspent Assessment Appointment). (NOTE: Respirat Aspent superation in a collection to the type City, State and Zip Code **Business Street Address** 10. Title Managing Members/Managers MIAMI FL HOWARD, HENRY 848 BRICKELL AVENUE, STE. MGRII 300002802883----03/11/99--01089--019 ****188.75 ****188.75

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. If urther 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 manager 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: