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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M91352

(8)

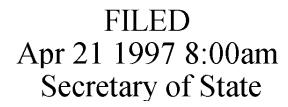
AIR FLORIDA EXPRESS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 880194

P.O. BOX 660194





MIAMI SPRING	S FL 33266	MIAMI SPRINGS FL 33260	6-0194					
-					3. Date Incorporated or Qualified 07/21/1988		e of Last I 2/1996	Report
· ·	lace of Business	2a. Mailing Address			4. FEI Number			pplied For
21		26			65-0062887		···	lot Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip 24	Country 25	Zip 29	Count	ry	This corporation has liability for Florida Statutes	intangible t		s. 199.032,
	9. Name and Address of Curren		11		10. Name and Address of New R	egistered A	gent	
KHA	IN, SAULAT, P		8	1 Name	e			
100	N ROYAL POINCIANA BLVD		6	2 Stree	et Address (P.O. Box Number is Not Accepta	blo)		
MIAI	MI SPRINGS FL 33166							
		•	В	3				
			Ē	4 City			85 Zip	Code
45 Durayont	to the provisions of Sections 507.050	2 and 607 1609 Florida Plate	las the spe		and accounting as the state and for the	<u> </u>		ita sasiatarad
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	z and 607.1506, Florida Statul of Florida. Such change was ations of, Section 607.0505, Fl	tes, me aco authorized l lorida Statut	ve-name by the co es.	ed corporation submits this statement for the orporation's board of directors. I hereby acce	purpose of option	intment as	is registered s registered
	Signature, typed or printed name of registered age			gent signatu	ure required when reinstaling)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI			
TITLE	PS	DELETE	1.1 TITLE			l	Change	Addition
NAME	KHAN, SAULAT P. 100 N ROYAL POINCIANA BL		1.2 N/AM					
STREET ADDRESS	MIAMI SPRINGS FL			et address	S			
CITY-ST-ZIP	MIAMI OFNINGS FL	DELETE	1.4 CITY 2.1 TITLE			······	Change	Addition
NAME		L_J DICCIL	2.7 MILE 2.2 NAM				Change	
STREET ADDRESS				: E1 ADDRESS	8			
CITY-ST-ZIP			2. 4 CITY					
TITLE		DELETE	3.1 1171.9			<u>1</u>	Change	Addition
NAME			3.2 N (v)					
STREET ADDRESS			3.3 S (E	et address	s			
CITY-ST-ZIP			3.4. D IY	- \$1 - ZIP				
TITLE		DELETE	4.1 Ti LE				Change	Addition
NAME			4. 2 NAM	E				
STREET ADDRESS			4.3 STRE	et address	S			
CITY-ST-ZIP			4.4 City	ST-ZIP				
TITLE		☐ DETELE	51 TITLE				Change	Addition
NAME			5.2 NAM					
STREET ADDRESS			5 3 STRE	et address	s			
CITY-ST-ZIP			5.4 City					
JITLE 💠		DELETE	61 TITLE			l	Change	Addition
NAME		•	6.2 NAMI					
STREET ADDRESS				et address	S			
OTTY-ST-ZIP	•		64 CITY	S1 - ZIP				

I do 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 3 changed, or on an attachment with an address.