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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 9:00

DOCUMENT # **M97226** (8)

1. Corporation Name
CARNIVAL AIR LINES, INC.

Principal Place of Business: **1815 GRIFFIN BLVD. #205 DANIA FL 33004**
Mailing Address: **1815 GRIFFIN BLVD. #205 DANIA FL 33004**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Created 09/15/1988	3a. Date of Last Report 01/19/1994
4. FEI Number 65-0077974	Applied For Not Applicable
b. Certificate of Status Located <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business 1815 Griffin Road	26. Mailing Address 1815 Griffin Road
22. State, Apt # etc. 205	27. State, Apt # etc. 205
23. City & State Dania, Florida	28. City & State Dania, Florida
24. Zip 33004	25. Country Broward
29. Zip 33004	30. Country Broward

9. Name and Address of Current Registered Agent

**TWAITS, ALAN R.
3655 N.W. 87TH AVENUE
MIAMI FL 33178**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number, Not Applicable)
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 in printed form of registered agent and the filer) _____ (Signature typed in printed form of registered agent and filer)

12. OFFICERS AND DIRECTORS

1. TITLE	DVS
2. NAME	TWAITS, ALAN R.
3. STREET ADDRESS	3655 N.W. 87 AVENUE
4. CITY-ST- ZIP	MIAMI FL
5. TITLE	CD
6. NAME	WERTHEIM, REUVEN
7. STREET ADDRESS	1815 GRIFFIN RD. #205
8. CITY- ST- ZIP	DANIA FL
9. TITLE	P
10. NAME	RATTI, DANIEL
11. STREET ADDRESS	1815 GRIFFIN RD. #205
12. CITY- ST- ZIP	DANIA FL
13. TITLE	VDTS
14. NAME	FRANK, HOWARD S.
15. STREET ADDRESS	3655 N.W. 87TH AVENUE
16. CITY- ST- ZIP	MIAMI FL
17. TITLE	V
18. NAME	GRAHAM, LEWIS
19. STREET ADDRESS	1815 GRIFFIN ROAD #205
20. CITY- ST- ZIP	DANIA FL
21. TITLE	D
22. NAME	ARISON, M. MICKY
23. STREET ADDRESS	3655 N.W. 87TH AVENUE
24. CITY- ST- ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY- ST- ZIP	Change	Addition
5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY- ST- ZIP	Change	Addition
9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY- ST- ZIP	Change	Addition
13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY- ST- ZIP	Change	Addition
17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY- ST- ZIP	Change	Addition
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY- ST- ZIP	Change	Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that I am qualified for the registration stated on Form 13-0001 (Rev. 1/94) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my registration 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 conduct this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or as an attachment with an address.

SIGNATURE: *Lew Graham* Chief Financial Officer **1/10/95** 305/923-8672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LEW GRAHAM