

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Apr 23 1996 8:00 am**  
Secretary of State

**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**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 <b>1815 Griffin ROAD</b>	26 <b>P.O. Box 9013</b>	<b>09/15/1988</b>	<b>01/18/1995</b>
22 <b>Suite 205</b>	27 <b>Attn: Tax Dept.</b>	4. FEI Number	Applied For
23 <b>Dania, Florida</b>	28 <b>Dania, FL</b>	<b>65-0077974</b>	<input type="checkbox"/> Not Applicable
24 <b>33004</b>	29 <b>33004-9013</b>	5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
25 <b>Broward</b>	30 <b>Broward</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<b>TWAITS, ALAN R. 3655 N.W. 87TH AVENUE MIAMI FL 33178</b>		<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>TWAITS, ALAN R. 3655 N.W. 87TH AVENUE MIAMI FL 33178</b>		81 Name	<b>Arnaldo Perez</b>
		82 Street Address (P.O. Box Number is Not Acceptable)	<b>3655 N.W. 87th Avenue</b>
		83	
		84 City	<b>Miami</b>
		85 Zip Code	<b>FL 33178</b>

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, 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]* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TWAITS, ALAN R.	12 NAME	DVS
STREET ADDRESS	3655 N.W. 87 AVENUE	13 STREET ADDRESS	Arnaldo Perez
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	3655 N.W. 87th Avenue Miami, FL 33178
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERTHEIM, REUVEN	2.2 NAME	
STREET ADDRESS	1815 GRIFFIN RD. #205	2.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATTI, DANIEL	3.2 NAME	
STREET ADDRESS	1815 GRIFFIN RD. #205	3.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL	3.4 CITY-ST-ZIP	<b>800001789108</b>
TITLE	VDTS <input type="checkbox"/> DELETE	4.1 TITLE	<b>-04/22/96--01071--002</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK, HOWARD S.	4.2 NAME	<b>***208.75</b>
STREET ADDRESS	3655 N.W. 87TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, LEWIS	5.2 NAME	
STREET ADDRESS	1815 GRIFFIN ROAD #205	5.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARISON, M. MICKY	6.2 NAME	
STREET ADDRESS	3655 N.W. 87TH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* Chief Financial Officers 3/28/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone # (954) 923-8672

CR2E034 (12/95)

*4-28-96*