

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

**FILED**  
**Jan 30 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # M97226 (8)**

1. Corporation Name  
**CARNIVAL AIR LINES, INC.**



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

Mailing Address: **P.O. BOX 9013 ATTN: TAX DEPARTMENT DANIA FL 33004-9013**

2. Principal Place of Business: **21 1815 Griffin Road #205**

2a. Mailing Address: **26 Suite, Apt. #, etc**

22. City & State: **27**

23. Zip: **24** Country: **25**

29. Zip: **30** Country: **30**

3. Date Incorporated or Qualified: **09/15/1988**

3a. Date of Last Report: **04/23/1996**

4. FEI Number: **65-0077974**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**PEREZ, ARNOLD**  
**3655 N.W. 87TH AVENUE**  
**MIAMI FL 33178**

10. Name and Address of New Registered Agent

81 Name: **TS**

82 Street Address (P.O. Box Number is Not Acceptable): **900002074449**

83 City: **MIAMI**

84 City: **FL** 85 Zip Code: **33178**

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

12. OFFICERS AND DIRECTORS

TITLE	DVS	<input type="checkbox"/> DELETE
NAME	PEREZ, ARNOLD	
STREET ADDRESS	3655 N.W. 87TH AVE.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	WERTHEIM, REUVEN	
STREET ADDRESS	1815 GRIFFIN RD. #205	
CITY-ST-ZIP	DANIA FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	RATTI, DANIEL	
STREET ADDRESS	1815 GRIFFIN RD. #205	
CITY-ST-ZIP	DANIA FL	
TITLE	VDTS	<input type="checkbox"/> DELETE
NAME	FRANK, HOWARD S.	
STREET ADDRESS	3655 N.W. 87TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GRAHAM, LEWIS	
STREET ADDRESS	1815 GRIFFIN ROAD #205	
CITY-ST-ZIP	DANIA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARISON, M. MICKY	
STREET ADDRESS	3655 N.W. 87TH AVENUE	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bates, Peggy	
1.3 STREET ADDRESS	1815 Griffin Road #205	
1.4 CITY-ST-ZIP	Dania, FL 33004	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	Dania, FL 33004	
3.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Vecci, Raymond	
3.3 STREET ADDRESS	1815 Griffin Road #205	
3.4 CITY-ST-ZIP	Dania, FL 33004	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Frank, Howard S.	
4.3 STREET ADDRESS	3655 N.W. 87th Ave.	
4.4 CITY-ST-ZIP	Miami, FL 33178	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	Dania, FL 33004	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	Dania, FL 33178	

14. 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 if changed, or on an attachment with an address.

SIGNATURE: *Law Graham* 1/14/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_ DAY-MONTH-YEAR: \_\_\_\_\_

CR2E034 (9/96)

TS 1/30