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**Jan 27 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 # P24682 (7)
1. Corporation Name
LTU INTERNATIONAL AIRWAYS, INC.



Principal Place of Business: **100 N. BISCAYNE BLVD. #500 MIAMI FL 33132**
Mailing Address: **100 N. BISCAYNE BLVD. #500 MIAMI FL 33132-2344**

3. Date Incorporated or Qualified: **06/12/1989**
3a. Date of Last Report: **06/07/1996**

2. Principal Place of Business

4. FEI Number: **95-4164346**
Applied For: Not Applicable

21. Suite Apt. # etc.

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

22. City & State

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

23. Zip Country

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

24. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FREYMUTH, PETER A
100 N. BISCAYNE BLVD., #500
MIAMI FL 33132**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FREYMUTH, PETER A	
STREET ADDRESS	100 N. BISCAYNE BLVD., #500	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JAMES, JACQUELINE S.	
STREET ADDRESS	100 N. BISCAYNE BLVD., SUITE 500	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DRIESSEN, H J	
STREET ADDRESS	FLUGHAFEN, HALLE 8.D 4000	
CITY-ST-ZIP	DUESSELDORF-GERMANY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WREDE, THOMAS	
STREET ADDRESS	FLUGHAFEN, HALLE 8.D 4000	
CITY-ST-ZIP	DUESSELDORF-GERMANY	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	VENHAUS, BRUCE E.	
STREET ADDRESS	100 N. BISCAYNE BLVD., SUITE 500	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WEBER, BRADLEY J.	
STREET ADDRESS	100 N. BISCAYNE BLVD., SUITE 500	
CITY-ST-ZIP	MIAMI FL	

11 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	H. D. FAERBER FAERBER, H.-D.	
13 STREET ADDRESS	FLUGHAFEN HALLE, 8.D 4000	
14 CITY-ST-ZIP	DUSSELDORF, GERMANY	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	WESTEN, HEINZ	
33 STREET ADDRESS	FLUGHAFEN, HALLE 8.D 4000	
34 CITY-ST-ZIP	DUESSELDORF, GERMANY	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 included 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)