


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

FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/12/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 95-4164346	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FREYMUTH, PETER A 100 N. BISCAYNE BLVD., #500 MIAMI FL 33132				10. Name and Address of New Registered Agent	
				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

Signature, typed or printed name of registered agent and title if applicable.

(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		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FREYMUTH, PETER A			1.2 NAME			
STREET ADDRESS	100 N. BISCAYNE BLVD., #500			1.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			1.4 CITY - ST - ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JAMES, JACQUELINE S.			2.2 NAME			
STREET ADDRESS	100 N. BISCAYNE BLVD., SUITE 500			2.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			2.4 CITY - ST - ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DRIESSEN, H J			3.2 NAME	Director Farber, H.-Dieter		
STREET ADDRESS	FLUGHAFEN, HALLE 8.D 4000			3.3 STREET ADDRESS	Flughafen, Halle 8.D 4000		
CITY - ST - ZIP	DUESSELDORF-GERMANY			3.4 CITY - ST - ZIP	Dusseldorf, Germany		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WESTEN, HEINZ			4.2 NAME			
STREET ADDRESS	FLUGHAFEN, HALLE 8.D 4000			4.3 STREET ADDRESS			
CITY - ST - ZIP	DUESSELDORF GE			4.4 CITY - ST - ZIP			
TITLE	TS	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VENHAUS, BRUCE E.			5.2 NAME			
STREET ADDRESS	100 N. BISCAYNE BLVD., SUITE 500			5.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			5.4 CITY - ST - ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEBER, BRADLEY J.			6.2 NAME			
STREET ADDRESS	100 N. BISCAYNE BLVD., SUITE 500			6.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			6.4 CITY - ST - ZIP			

14. I 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:

[Signature] SIGNATURE REQUIRED

1/6/98 (305) 530-2298

CR2E034 (10/97)