2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2001 8:00 am Secretary of State **DOCUMENT # P24682** 1. Entity Name LTU INTERNATIONAL AIRWAYS, INC. 05-03-2001 90999 037 ***150.00 Principal Place of Business Mailing Address . 100 N. BISCAYNE BLVD. 100 N. BISCAYNE BLVD. #500 C0059532 MIAMI FL 33132 MIAMI FL 33132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 95-4164346 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DITCO Pacific, Inc. DAILEY, RALPH Street Address (P.O. Box Number is Not Acceptable) 100 N BISCAYNE BLVD #500 100 N Biscayne Blvd MIAMI FL 33132 Suite 500 City Zip Code Miami 33132 8. The above named entity submits this state ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE me of registered agent and title if applicable Signature, typed or printed na (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) ☐ Addition TITLE ☐ Delete DAILEY, RALPH NAME NAME DAILEY, RALPH STREET ADDRESS STREET ADDRESS 100 N BISCAYNE BLVD #500 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33132 ☐ Delete TITLE Change Addition DAILEY, RALPH STREET ADDRESS STREET ADDRESS 100 N BISCAYNE BLVD #500 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33132 MONLUN, DAVID **Addition** TITLE ☐ Deleté TITLE NAME NAME 100, N. BISCAYNE BLUD #500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33132 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address. If the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR