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

DOCUMENT # **P40447** **(5)**

1. Corporation Name

LAKER AIRWAYS (BAHAMAS) LIMITED, INC.

Principal Place of Business	Mailing Address
1041 IVES DAIRY RD. STE. #137 MIAMI FL 33179 US	1041 IVES DAIRY RD. STE. #137 MIAMI FL 33179 US

3. Date Incorporated or Qualified: **09/11/1992**

3a. Date of Last Report: **03/01/1995**

4. FEI Number: **65-0327182** ☐ Applied For ☐ Not Applicable

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

2. Principal Place of Business	2a. Mailing Address
21 1170 LEE WAGENER BLVD	26 1170 LEE WAGENER BLVD
Suite, Apt. #, etc. 22 SUITE 200	Suite, Apt. #, etc. 27 SUITE 200
City & State 23 FT LAUDERDALE, FL	City & State 28 FT. LAUDERDALE, FL
Zip 24 33315	Zip 29 33315
Country 25 USA	Country 30 USA

9. Name and Address of Current Registered Agent

MAINO, MARY
1031 IVES DAIRY ROAD, SUITE 127
MIAMI FL 33179

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LAKER, FREDDIE, SIR		1.2 NAME	
STREET ADDRESS	1041 IVES DAIRY RD STE 137		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MOSS, WILLIE		2.2 NAME	
STREET ADDRESS	P.O. BOX F-2666,FREEPORT N/A		2.3 STREET ADDRESS	
CITY-ST-ZIP	GR. BAHMA IS,BAHAMAS		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PRICE, JOHN		3.2 NAME	
STREET ADDRESS	895 THIRD AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WYATT, OSCAR S., JR.		4.2 NAME	
STREET ADDRESS	9 GREENWAY PL, #780		4.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, ALBERT J.		5.2 NAME	
STREET ADDRESS	P.O. BOX F-2666,FREEPORT N/A		5.3 STREET ADDRESS	
CITY-ST-ZIP	GR. BAHAM IS,BAHAMAS		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)