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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000040395 (4)

UNITED WEST AIRLINES, INC.

May 01 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address			ONN BONN ORNN DEGN BONS HIND MEET ON MEET	
10780 WASHINGTON ST	10780 WASHINGTON S	т			
SUITE 111	TE 111 SUITE 111		DO NOT WE	DO NOT WRITE IN THIS SPACE	
PEMBROKE PINES FL 33025	PEMBROKE PINES FL (33025	3. Date Incorporated or Qualific		
			06/08/1993		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 P.O. Box 204870 2	6		65-0416261	Not Applicable	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 2	. 		5. Continued of States Desired	Fee Required	
city & State 23 Bouth FLORIDA 2	City & State		6. Election Campaign Financin Trust Fund Contribution	g \$5.00 May Be Added to Fees	
Zip Gountry	Zip	Country	8. This corporation owes or has	s paid the current year Intangible	
24 FC 25 BlowARD 2		30	Personal Property Tax due J		
9, Name and Address of Current Re	gistered Agent	81 Nam	10. Name and Address of New	Hegistered Agent	
GARDNER, DEBRA M		OI Nam	GARDNER DEBL	2AM	
			et Address (P.O. Box Number is Not Acce	ptable)	
SUITE 111		83	16630 3.00.61	.3/	
PEMBROKE PINES FL 33025					
		84 City	Download V. Diver	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and	1 607 1508 Florida Stalul	es the above-name	tombeoke Fines		
office or registered agent, or both, in the State of FI	orida. Such change was a	authorized by the c	corporation's board of directors, I hereby a	ccept the appointment as registered	
agent, I am familiar with, and accept the obligations	s or, Section 607,0505, FR				
SIGNATURE Signature typed or popule dissum of registered select or o	tile if applicable (NOI	E: Registered Agent signa	ature required when reinstating)	DAIE	
12. OFFICERS AND DIE	it:C1ORS	13.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 12	
TITLE P	☐ DELET e	1.1 TITLE 2		Change Addition	
NAME GARDNER, DEBRA M		1.2 NAME	- 100 Sw 6th	5 12	
STREET ADDRESS 10780 WASHINGTON ST SUITE	111	1.3 STREET ADDRES	s / Poss Grow	-, 7 saa -	
CITY-ST-ZIP PEMBROKE PINES FL 33025		1.4 CITY-ST-ZIP	Pembroke Pines; A	-63.302/	
TITLE	L_J DELETE	2.1 TITLE		Change Addition	
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRES	ss		
CITY-ST-ZIP	DULTE	2. 4 CITY-ST-ZIP		Change Addition	
TITLE	☐ DELETE	3.1 TITLE		Change Addition	
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRES	SS		
CITY-ST-ZIP TITLE	DELETE	3.4. CITY-S1-ZIP		☐ Change ☐ Addition	
NAME	_ orcent	4. 2 NAME		_ onango _ rounton	
			ce		
STREET ADDRESS		4.3 STREET ADDRES	55		
CITY-ST-ZIP TITLE	DELETE	5.1 TITLE		Change Addition	
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRES	22		
CITY-ST-ZIP		5.4 CITY - ST - ZIP			
TITLE	DITE	6.1 TITLE		Change Addition	
NAME	- 	6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRES	ss		
CITY-ST-ZIP		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

071-1120 C127