FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 28 AM 10: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000064493 (8)

1. Corporation Name
WORLD AIRLINE SERVICES MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
241 SEVILLA AVE SUITE 805 CORAL GABLES FL 33134	241 SEVILLA AVE SUITE 805 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 09/16/1993
3a. Date of Last Report: 04/27/1994
4. FEI Number: 65-0437083 ☐ 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
21 815 NW 57th avenue	26 Po Box 526761
Suite, Apt. #, etc 22 Suite 401	Suite, Apt. #, etc 27
City & State 23 Miami FL	City & State 28 Miami FL
Zip 24 33126 Country 25 USA	Zip 29 33152-6761 Country 30 USA

9. Name and Address of Current Registered Agent

DE LA CRUZ, LUIS F
241 SEVILLA AVE
SUITE 805
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: STEWART MIRMELLI, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 930 WASHINGTON AVE., 3RD FLOOR
83
84 City: MIAMI BEACH FL 85 Zip Code 33139

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: Stewart Mirmelli — DATE: 4-24-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	11 TITLE	D.P.S	☒ Change ☐ Addition
NAME	BOLLINGER, JEAN MARC	12 NAME	Bollinger, Jean-Marc	
STREET ADDRESS	800 WEST AVE SUITE 621	13 STREET ADDRESS	815 NW 57th avenue suite 401	
CITY-ST-ZIP	MIAMI BEACH FL 33139	14 CITY-ST-ZIP	Miami - FL 33126	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(k), 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: X [signature] Jean-Marc Bollinger X 04/24/95 X (305) 2656764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0137233 CP