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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000065928 (1)

1. Corporation Name
AMERICAN OVERSEAS AIRWAYS, INC.



Principal Place of Business
6303 BLUE LAGOON DRIVE
SUITE 364
MIAMI FL 33126

Mailing Address
P.O. BOX 16-6019
MIAMI FL 33116-6019

3. Date Incorporated or Qualified
09/08/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
59-3266135

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 VPT
NAME WATSON, VIVIAN I
STREET ADDRESS 244 ELKS CLUB ROAD
CITY-ST-ZIP COVINGTON GA ☒ DELETE

1.1 TITLE VPS
1.2 NAME STERN, ERIC
1.3 STREET ADDRESS 633 N.W. 46 AVE
1.4 CITY-ST-ZIP DEERFIELD BEACH, FL 33442 ☐ Change ☒ Addition

TITLE CPT
NAME SWINAN, JOHN W.
STREET ADDRESS 9530 SW 93 ST
CITY-ST-ZIP MIAMI FL ☐ DELETE

2.1 TITLE VP
2.2 NAME JONUSTON, BRYAN
2.3 STREET ADDRESS 121 HOCAR, APT 101
2.4 CITY-ST-ZIP ST. SAUVEUR, P.Q. CANADA JOR 1R3 ☐ Change ☒ Addition

TITLE VP
NAME BRITAIN, ARTHUR
STREET ADDRESS 5792 WEST OLIVE
CITY-ST-ZIP FRESNO CA ☐ DELETE

3.1 TITLE VP
3.2 NAME WAINWRIGHT, THOMAS
3.3 STREET ADDRESS 154 SOUTH LAKE DR.
3.4 CITY-ST-ZIP LAKE HARMONY PA 18624 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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: *John W. Swinan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 (305) 271-5822
Date Daytime Phone #

0161884

CR2E034 (9/96)