

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P95000021969 (7)

1. Corporation Name

FINE AIR MAINTENANCE CORP.
EXPRESS, INC.

*208.75

Principal Place of Business

Mailing Address

NYC 1-18-96 SG

2261 N.W. 67 AVENUE
BUILDING 700
MIAMI FL

P.O. BOX 523726
MIAMI FL 33152



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

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

03/17/1995

4. FET Number

Applied For

05-0570013

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

10. Name and Address of New Registered Agent

CARLSON, CURTIS
200 SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131

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 signing officer or director

Date of filing of this report

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PDT FINE J. FRANK
242 WELLS RD.
PALM BEACH, FL 33480

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

VSD FINE, BARRY H.
5300 SW 99
MIAMI, FL 33156

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

1.2 NAME STREET ADDRESS CITY-STATE-ZIP

1.3 STREET ADDRESS CITY-STATE-ZIP

1.4 CITY-STATE-ZIP

2.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

2.2 NAME STREET ADDRESS CITY-STATE-ZIP

2.3 STREET ADDRESS CITY-STATE-ZIP

2.4 CITY-STATE-ZIP

3.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

3.2 NAME STREET ADDRESS CITY-STATE-ZIP

3.3 STREET ADDRESS CITY-STATE-ZIP

3.4 CITY-STATE-ZIP

4.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

4.2 NAME STREET ADDRESS CITY-STATE-ZIP

4.3 STREET ADDRESS CITY-STATE-ZIP

4.4 CITY-STATE-ZIP

5.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

5.2 NAME STREET ADDRESS CITY-STATE-ZIP

5.3 STREET ADDRESS CITY-STATE-ZIP

5.4 CITY-STATE-ZIP

6.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

6.2 NAME STREET ADDRESS CITY-STATE-ZIP

6.3 STREET ADDRESS CITY-STATE-ZIP

6.4 CITY-STATE-ZIP

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-05/20/96--01049--034
***208.75

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 571-6606

DATE OF FILING

SG 5-1-96

CR2E034 (12/95)