SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000035981 (6)**

1. Corporation Name
LAZAIRLINES INC.

Principal Place of Business
P O BOX 924328
HOMESTEAD FL 33092-4328

Mailing Address
P O BOX 924328
HOMESTEAD FL 33092-4328

3. Date Incorporated or Qualified: **05/08/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 205 NE 2nd Rd.
Suite, Apt #, etc
22
City & State
23 HOMESTEAD FLA 33030
Zip 24 33032
Country 25 U.S.A.

2a. Mailing Address
26 PO Box 924 328
Suite, Apt #, etc
27 HOMESTEAD FLA
City & State
28
Zip 29 33092-4328
Country 30 U.S.A.

4. FEI Number 650573756 — 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
BUNSEN, PATRICIA
12411 SW 251 ST
MIAMI FL 33032

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 8-15-96
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	☑ DELETE
NAME	ROLANDO, VEGASO - PRESIDENT
STREET ADDRESS	12348 SW 251 terr
CITY-ST-ZIP	MIAMI FLA 33032
TITLE	☑ DELETE
NAME	CHAIRMAN
STREET ADDRESS	JOSE GONZALEZ
CITY-ST-ZIP	242 JNC NO 10 COUNTRY CLUB, CAROLINA PR. 00982
TITLE	☑ DELETE
NAME	MONICA BONSEN TREASURER
STREET ADDRESS	12348 SW 251 terr
CITY-ST-ZIP	MIAMI FLA 33032
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT — ☑ Change ☐ Addition
1.2 NAME	MONICA BONSEN
1.3 STREET ADDRESS	12348 SW 251 terr
1.4 CITY-ST-ZIP	MIAMI FLA 33032
2.1 TITLE	VICE PRESIDENT-TREASURER — ☑ Change ☐ Addition
2.2 NAME	ROLANDO, VEGASO
2.3 STREET ADDRESS	12348 SW 251 terr
2.4 CITY-ST-ZIP	MIAMI FLA 33032
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	300001928843 ☐ Change ☐ Addition
6.2 NAME	-08/21/96--01069--045
6.3 STREET ADDRESS	***375.00
6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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: PRESIDENT — 8/15/96 — (305) 257-2783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #