

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000062624 (8)

1. Corporation Name

LHS AIRWAYS, INC.



Principal Place of Business

Mailing Address

7859 NW 15 ST
MIAMI FL 33126

7859 NW 15 ST
MIAMI FL 33126

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified

08/14/1995

3a. Date of Last Report

4. FET Number

65-0601930

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

SILA, CARLOS S
7859 NW 15 ST
MIAMI FL 33126

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 607.0506, Florida Statutes.

SIGNATURE

Signature required to prove name of registered agent and fee if applicable

(NOTE: Registered Agent Signature required when registering)

3/4/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
PD	SILA, CARLOS S	7859 NW 15 ST	MIAMI FL 33126	1.1 TITLE			
				1.2 NAME			
				1.3 STREET ADDRESS			
				1.4 CITY- ST- ZIP			
				2.1 TITLE			
				2.2 NAME			
				2.3 STREET ADDRESS			
				2.4 CITY- ST- ZIP			
				3.1 TITLE			
				3.2 NAME			
				3.3 STREET ADDRESS			
				3.4 CITY- ST- ZIP			
				4.1 TITLE			
				4.2 NAME			
				4.3 STREET ADDRESS			
				4.4 CITY- ST- ZIP			
				5.1 TITLE			
				5.2 NAME			
				5.3 STREET ADDRESS			
				5.4 CITY- ST- ZIP			
				6.1 TITLE			
				6.2 NAME			
				6.3 STREET ADDRESS			
				6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96

(305) 477-0651

Date

Phone Number

CR2E034 (12/95)