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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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~~

3. Date Incorporated or Qualified: 08/14/1995	3a. Date of Last Report: 03/12/1996
4. FEI 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	

2. Principal Place of Business	2a. Mailing Address
21 7200 N.W. 19 Street	26 7200 N.W. 19 Street
22 Suite, Apt. #, etc. Suite 605	27 Suite, Apt. #, etc. Suite 605
23 City & State: Miami, Florida	28 City & State: Miami, FL
24 Zip: 33126 25 Country: USA	29 Zip: 33126 30 Country: USA

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: SANTIAGO SZACHNIUK 82 Street Address (P.O. Box Number is Not Acceptable): 7200 N.W. 19 Street Ste 605 83 84 City: MIAMI FL 85 Zip Code: 33126

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] Pres. DATE: 02/20/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☒ DELETE	1.1 TITLE	PRESIDENT ☐ Change ☒ Addition
NAME	~~SILA, CARLOS S~~	1.2 NAME	SANTIAGO SZACHNIUK
STREET ADDRESS	~~7859 NW 15 ST~~	1.3 STREET ADDRESS	7200 N.W. 19 Street Ste 605
CITY-ST-ZIP	~~MIAMI FL 33126~~	1.4 CITY-ST-ZIP	MIAMI, FL 33126
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: [signature] SANTIAGO SZACHNIUK 02/06/97 (305) 470 2220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #