FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State PUVISION OF CORPORATIONS

DOCUMENT # P95000062624 (8)

LHS AIRWAYS, INC.

Principa Place of Business Mailing Address

7859 NW 15 ST WIAMI FL 33129

FILED Feb 27 1997 8:00am Secretary of State



	-	Carlo Carlo	•	
			3. Date Incorporated or Qualified	3a. Date of Last Report
			08/14/1995	03/12/1996
2. Principa Place of Busicess 24. M	Ming Address	val. I	4. FEI Number	Applied For
	200 N.W. 19	1 Street	65-0601930	Not Applicable
Suite. Apr. #. etc. Sy it e. 60,5 27	ite, Apt #, eta Suite	605	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	ty & State	•	6. Election Campaign Financing	\$5.00 May Be
	Nymi, F	<u> </u>	Trust Fund Contribution	Added to Fees
24 33126 25 USA 29		Country S A-	8. This corporation has liability for in	
24 33126 25 USA 29 29 29 29 29 29 29 29 29 29 29 29 29		USA-	Florida Statutes 10. Name and Address of New Reg	Yes No
	en wildelin	81 Name C		
SILA, CARLOS S				CHNIUK
-7809 NW 15 51		82 Street Addre	ess (P.O. Box Number is Not Acceptable	+ 8te 605
SMIPONI - 12 33 120		83 76	00 N.W. 19 Stree	TOTEGUS
			· · · · · · · · · · · · · · · · · · ·	
•		84 City		FL 85 Zip Code 33 12 C
1 Constant to the same of Continue (07.0) 92 and 607	1609 Florida Statutan	the above named corn	came	urpose of changing its registered
 Pursuant to the provisions of Sections 607.0502 and 607. office or registered agent, or both, in lth. state of Florida. agent. Lam tark at with, and accept it good hardons of, 6 	Such change was aut	horized by the corporati	on's board of directors. I hereby accep	t the appointment as registered
agent I am tara ar with, and accept the policia ons of, 8	ection 607.05\5, Floric	la Statutes.		02/20/97
SIGNATURE		egistered Agent signature require	ad when renetations	DATE
Signature Types Lee printed manue of regist med agent and ten it ay 12. OF LICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFIC	
TIME PD	DOLLETE	1.1 TITLE	PREsident	Change Addition
SAME SILA, CARLOS S.	***	12 NAME	SANTINGO STACHAN	u ke-
STREET ADORESS 7859 NW 15 ST		13 STREET ADDRESS	SANTIAGO SZACHNI 7200 N.W. 19540007 MIANI, FC 3312C	Sf. 605
CHY-St-2B MIAMI-FL 33126		14 CITY-ST-ZIP	MIAMI, FC 3312C	
THE	☐ DELE FE	21 TITLE		Change Addition
NAM:		2.2 NAME		·
SARZET ADDRESS		2.3 STREET ADDRESS		
CHY-\$1 Z0		2 4 CITY-ST-ZIP		
This	DELETE	3.1 TULE		Change Addition
NAM		: 3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CMY 51-749		3.4. CITY-ST-ZIP		
III.F	DELETE	4.1 TITLE		Change Addition
NAM.		4. 2 NAME		
STREET ADEPT CS		4.3 STREET AOORESS		
CHY-\$1-20P		4.4 CITY-ST-ZIP	•	
Mit	DELETE	5.1 TITLE		Change Addition
NAMe		5.2 NAME		
STREEL ADDRESS		5.3 STREET ADDRESS		
C.1Y+5'-74P		5.4 CITY - ST - ZIP		
11 (4	DELETE	6.1 TITLE		Change Addition
MANI		6.2 NAME		
STREET ACCORDS		63 STREET ADDRESS		
CHY-S1-7IP		64 DITY - ST - ZIP		
14. I do hereby certify that the information supplied with this	filing does not qualify		in Section 119.07(3)(i). Florida Statute	s. I further certify that the

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 eath; 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 Brock 12 or Block 12 or Block 12 or on an attachment with an address.

SIGNATURE:

SANTIAGO STACHWICK

02/06/A

(301) 470 2220