AMENDED 1997 ANNUAL REPORT FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED Jul 01 1997 8:00am Secretary of State

ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # P95000062624 LHS AIRWAYS, INC. Principal Place of Business Mailing Address 7200 N.W. 19th Street 7200 N.W. 19th Street Suite 605 Suite 605 Miami, FL 33126 Miami, FL 33126 08/14/95 03/12/96 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0601930 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name Santiago Szachniuk **B2** Street Address (P.O. Box Number is Not Acceptable) 7200 N.W. 19th Street Suite 605 83 Miami, FL 33126 84 City 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 byth, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and advent the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOT) Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if ap-OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. TITLE DELETE 1.1 TILLE Change P/D 1.2 NAME NAME Santiago Szachniuk Santiago Szachniuk STREET ADDRESS 1.3 STREET ADDRESS 7200 NW 19th St., Ste. 605 7200 NW 19th St., Ste. 605 Miami, FL 33125 1 4 CITY - ST - 7IP CITY-ST-ZIP Miami, FL 33126 DELETE Change TITLE 21 TITLE Add:tion P/D Odette Szachniuk 2.2 NAME NAME 7200 NW 19th St., Ste. 605 2.3 STREET ADDRESS STREET ADDRESS Miami, FL 33126 CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE 3.1 TITLE Change Addition TaTLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 C(1Y~S1-Z(P ■ DELFTE Change Addition TITLE 41 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY S1-7/F DELETE TITLE 53 11113 Chaer Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 C(TY-ST-70° CITY-ST-ZIP DELETE 61 HILE e0000222833ිජි^{ංග} -07/01/97--01094--008 TITLE 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

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), I londa 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 it made under oath; that I am an officer or director of the carporation 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 on an attachment with an address

SIGNATURE: