

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 Oct 25 1999 8:00 am
 Secretary of State

DOCUMENT # P96000016295

1. Corporation Name
 PAN AMERICAN WORLD AIRWAYS, INC.



700003035827--2
 -11/05/99--01011--004
 DO NOT WRITE IN THIS SPACE **150.00

Principal Place of Business
 6880 NW 36 ST
 MIAMI FL 33178
 US

Mailing Address
 6880 NW 36 ST
 ATT: TAX DEPT
 MIAMI FL 33178
 US

2. Principal Place of Business
 21 14 AVIATION AVENUE
 Suite, Apt #, etc
 22
 City & State
 23 PORTSMOUTH NH
 Zip Country
 24 03801 USA

2a. Mailing Address
 26 14 AVIATION AVENUE
 Suite, Apt #, etc
 27
 City & State
 28 PORTSMOUTH NH
 Zip Country
 29 03801 USA 30 USA

3. Date incorporated or Qualified
 02/21/1986

4. FEI Number
 65-0643839 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 owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent
 81 Name JOHN R. NADOLNY, ESQ.
 82 Street Address (P.O. Box Number is Not Acceptable) 3015 CARRIER AVE.
 83
 84 City SANFORD FL 85 Zip Code 32772

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]* JOHN R. NADOLNY 10/23/99
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|--|
| TITLE | PGE0- | <input checked="" type="checkbox"/> DELETE |
| NAME | BANMILLER, DAVID A | |
| STREET ADDRESS | 6880 NW 36 ST | |
| CITY-STATE-ZIP | MIAMI FL 33178 | |
| TITLE | GC | <input checked="" type="checkbox"/> DELETE |
| NAME | OGILBY, JOHN J JR | |
| STREET ADDRESS | 6880 NW 36 ST- | |
| CITY-STATE-ZIP | MIAMI FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------|--|
| 1.1 TITLE | P/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | DAVID A. FINK | |
| 1.3 STREET ADDRESS | 14 AVIATION AVE. | |
| 1.4 CITY-STATE-ZIP | PORTSMOUTH NH 03801 | |
| 2.1 TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | JOHN R. NADOLNY | |
| 2.3 STREET ADDRESS | 14 AVIATION AVE. | |
| 2.4 CITY-STATE-ZIP | PORTSMOUTH NH 03801 | |
| 3.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | TIMOTHY MELLON | |
| 3.3 STREET ADDRESS | 14 AVIATION AVE. | |
| 3.4 CITY-STATE-ZIP | PORTSMOUTH NH 03801 | |
| 4.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | RICHARD S. KELSO | |
| 4.3 STREET ADDRESS | 14 AVIATION AVE. | |
| 4.4 CITY-STATE-ZIP | PORTSMOUTH NH 03801 | |
| 5.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | D. ARMSTRONG FINK | |
| 5.3 STREET ADDRESS | 14 AVIATION AVE. | |
| 5.4 CITY-STATE-ZIP | PORTSMOUTH NH 03801 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-STATE-ZIP | | |

14. I 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]* JOHN R. NADOLNY 9/23/99 (407) 766-2002
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)