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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P96000098782

1. Corporation Name
Atlantic Flight Group, Inc.

Principal Place of Business	Mailing Address
5553 NW 36 Street Suite C Miami, Florida 33166	PO Box 52-1296 Miami, Florida 33152-1296

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	5553 NW 36 Street	26	P.O. Box 52-1296
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	Suite C	27	
City & State		City & State	
23	Miami, Florida	28	Miami, Florida
Zip	Country	Zip	Country
24	33166 25 United States	29	33152-1296 30

3. Date Incorporated or Qualified: December 4, 1996

4. FEI Number: 65-0714559 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Michael Walker, Esq. 900 SunTrust Building, 777 Brickell Ave. Suite 900 Miami, Florida 33131	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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Michael Keister		1.2 NAME	
STREET ADDRESS	1000 N.W. North River Drive Unit 113		1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33142		1.4 CITY-ST-ZIP	
TITLE	VP/S/D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Leonard Traficanti		2.2 NAME	
STREET ADDRESS	243 St. James Court		2.3 STREET ADDRESS	
CITY-ST-ZIP	Wilmington, NC. 28412		2.4 CITY-ST-ZIP	
TITLE	VP/T/D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Charles W. Eldon, II		3.2 NAME	
STREET ADDRESS	19302 North West 24		3.3 STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines, Florida 33029		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	

600002520676
-05/12/98--01076--004
***150.00

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 attached amendment, with an address.

SIGNATURE: MICHAEL KEISTER 4/27/98 305 871-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)