



SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 20 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000044076					
1. Corporation Name WINGS AIR SERVICES, INC.					
Principal Place of Business BUILDING 3 MIAMI INTERNATIONAL AIRPORT MIAMI FL 33159-2032			Mailing Address BUILDING 3 MIAMI INTERNATIONAL AIRPORT MIAMI FL 33159-2032		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date incorporated or Qualified 05/15/1997 4. FEI Number 65-0883233 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fee 7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SWARTZON, AV 608 N.W. 110TH AVENUE PLANTATION FL 33324				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
11. Pursuant to the provisions of sections 607.0602 and 607.1506, 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 607.0606, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an assignment with an address.					
SIGNATURE:  7-12-99 305-876-9500					



07/20/99 90001 011 150.00
DO NOT WRITE IN THIS SPACE

CR2034 (5/99)



590755-90001-11
P97000044076

July 13, 1999

Florida Department of State
Katherine Harris, Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

To Whom it May Concern:

As per instructed in our telephone conversation with your department on July 13, 1999, we are responding to your 2nd Notice for the filing of the annual report. This is to confirm that we did not receive the first notice and are responding immediately upon receiving your second notice.

Thank you for your assistance in this matter. Please feel free to contact us should there be any questions.

Sincerely,

Veronica Garcia

Accounting Manager

WINGS AVIATION SERVICES, INC.

Building 3, Miami International Airport, Miami, FL 33159-2032
Phone (305) 876-9500 • 1-800-52-WINGS • Fax (305) 876-9600