


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

FILED
 Oct 20 1998 8:00 am
 Secretary of State

DOCUMENT # P97000067428 (7)

1. Corporation Name
AIRLINE MARKETING SERVICES, INC.



| | |
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| Principal Place of Business 7809 NW 72 AVE. MIAMI FL 33166 | Mailing Address 7809 NW 72 AVE. MIAMI FL 33166 |
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DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|---|--|--|--|
| 2. Principal Place of Business <i>HA</i> 21 13616 SW 112th LANE | | 2a. Mailing Address <i>HA</i> 26 13616 SW 112th LANE | | 3. Date Incorporated or Qualified 08/01/1997 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 65-0775909 | |
| City & State 23 MIAMI, FL | | City & State 28 MIAMI, FL | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 24 33186 | | Country 25 U.S.A. | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State 29 MIAMI, FL | | City & State 30 MIAMI, FL | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|--|--|--|---|--|
| 9. Name and Address of Current Registered Agent BUSTAMANTE, CARLOS R 13616 SW 112TH LANE MIAMI FL 33186 | | | | 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 607.0502 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 | NAME | DELETED | 1.1 TITLE | NAME | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| STREET ADDRESS | STREET ADDRESS | | 1.2 NAME | STREET ADDRESS | |
| CITY-ST-ZIP | CITY-ST-ZIP | | 1.3 STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | DELETED | 1.4 CITY-ST-ZIP | 2.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS | STREET ADDRESS | | 2.2 NAME | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | 3.1 TITLE | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| TITLE | NAME | DELETED | 3.2 NAME | 3.3 STREET ADDRESS | |
| STREET ADDRESS | STREET ADDRESS | | 3.4 CITY-ST-ZIP | 4.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| CITY-ST-ZIP | CITY-ST-ZIP | | 4.2 NAME | 4.3 STREET ADDRESS | |
| TITLE | NAME | DELETED | 4.4 CITY-ST-ZIP | 5.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS | STREET ADDRESS | | 5.2 NAME | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | 6.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| TITLE | NAME | DELETED | 6.2 NAME | 6.3 STREET ADDRESS | |
| STREET ADDRESS | STREET ADDRESS | | 6.4 CITY-ST-ZIP | | |
| CITY-ST-ZIP | CITY-ST-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: _____ **DATE:** **10/12/98** **DAYTIME PHONE #:** **(305) 3829378**

CR2E034 (5/98)