

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

**FILED**  
**May 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000098234 (2)**  
 1. Corporation Name  
**OMNI INTERNATIONAL AIRLINE, INC.**



Principal Place of Business <b>600 CORPORATE DRIVE #510                  FORT LAUDERDALE FL 33334</b>	Mailing Address <b>600 CORPORATE DRIVE #510                  FORT LAUDERDALE FL 33334</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>9870 N.W. 52 TERRACE</b> Suite, Apt. #, etc. 22 City & State 23 <b>MIAMI FL</b> Zip 24 <b>33178</b>		2a. Mailing Address 26 <b>9870 N.W. 52 TERRACE</b> Suite, Apt. #, etc. 27 City & State 28 <b>MIAMI FL</b> Zip 29 <b>33178</b>		3. Date Incorporated or Qualified <b>11/18/1997</b>	
4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 <b>USA</b>		30 <b>USA</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BACH, MARILEE B                  1290 EAST OAKLAND PARK BLVD.                  SUITE 200                  FORT LAUDERDALE FL 33334</b>				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			
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11. Pursuant to the provisions of Sections 607.0509 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 607.0506, 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	<b>PSTD</b>	1.1 TITLE	<b>PD</b>
NAME	<b>FREDERICKS, DEAN</b>	1.2 NAME	<b>FREDERICK, H. DEAN</b>
STREET ADDRESS	<b>600 CORPORATE DRIVE #510</b>	1.3 STREET ADDRESS	<b>9870 N.W. 52 TERRACE</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33334</b>	1.4 CITY-ST-ZIP	<b>MIAMI FL 33178</b>
TITLE		2.1 TITLE	<b>ST</b>
NAME		2.2 NAME	<b>LOWRY, MARY E</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>9870 N.W. 52 TERRACE</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>MIAMI FL 33178</b>
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: H. W. J. 4/27/98 305-592-4830

CR2E034 (10/97)