

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90005 032 \*\*\*150.00

DOCUMENT # P98000051426

1. Corporation Name  
GLOBAL AIRWAYS CORPORATION

Principal Place of Business  
7254 NW 54TH STREET  
MIAMI FL 33166

Mailing Address  
7254 NW 54TH STREET  
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1998

4. FEI Number

AIF

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 4995 NW 72 AVE

Suite, Apt. #, etc.

22 Suite 407

City & State

23 MIAMI-FL

Zip

24 33166

Country

25 U.S.A.

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 SAME

City & State

28 SAME

Zip

29

Country

30

9. Name and Address of Current Registered Agent

LOUREIRO, CARLOS R  
7254 NW 54TH STREET  
MIAMI FL 33166

10. Name and Address of New Registered Agent

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SVD ☐ DELETE

NAME LOUREIRO, CARLOS R  
STREET ADDRESS 7254 NW 54TH STREET  
CITY-ST-ZIP MIAMI FL 33166

TITLE PD ☐ DELETE

NAME NAJMAN, MOISES  
STREET ADDRESS 7254 NW 54TH STREET  
CITY-ST-ZIP MIAMI FL 33166

TITLE TD ☐ DELETE

NAME MICHELASSI, UGO  
STREET ADDRESS 7254 NW 54TH STREET  
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 4995 NW 72 AVE, Suite 407.

1.4 CITY-ST-ZIP MIAMI-FL 33166

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

Date

(305) 883-8220

Daytime Phone #

CR2E034 (11/98)