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May 03, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000064088

1. Corporation Name

AIR CARRIER HOLDINGS, INC.

Principal Place of Business **225**
 15476 N.W. 77TH COURT SUITE 185
 MIAMI FL 33016

Mailing Address **225**
 15476 N.W. 77TH COURT SUITE 185
 MIAMI FL 33016



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1998

2. Principal Place of Business
21 15476 NW 77 CT

2a. Mailing Address
26 15476 NW 77 CT

4. FEI Number

65-0851285

Applied For

Not Applicable

Suite, Apt. #, etc.
22 Suite 225

Suite, Apt. #, etc.
27 Suite 225

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State
23 MIAMI, FLORIDA

City & State
28 MIAMI, FL

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip Country
24 33016 25

Zip Country
29 33016 30

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

9. Name and Address of Current Registered Agent

BOIKO, BRUCE M
801 BRICKELL AVENUE SUITE 1501
MIAMI FL 33131

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
D LORENZO, LILLIANNE
 STREET ADDRESS **15476 N.W. 77TH COURT SUITE 185**
 CITY-ST-ZIP **MIAMI FL 33016**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
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 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

1.4 CITY-ST-ZIP

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)(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 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99**(305) 381-7999**

Date

Daytime Phone #

CR2E034 (1/98)