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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S32872** **(1)**

1. Corporation Name
AIR CRUISE SERVICE, INC.

Principal Place of Business	Mailing Address
3150 N.W. 40TH ST. SUITE 1000 MIAMI FL 33142-5107	2000 NE 122ND RD SUITE 1000 NORTH MIAMI FL 33181-2942 US

3. Date Incorporated or Qualified: 02/19/1991	3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0326477	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 2000 N.E. 122rd Road	26
Suite, Apt. #, etc. 22 Suite 100 0	Suite, Apt. #, etc. 27
City & State 23 North Miami, Florida	City & State 28
Zip 24 33181-2942	Country 25 USA
Zip 29	Country 30

9. Name and Address of Current Registered Agent

SCHANO, MARION E.
9500 W. BAY HARBOR DR.
PH-7F
BAY HARBOR ISLAND FL 33154

10. Name and Address of New Registered Agent

81 Name: SCHANO, MARION E.
82 Street Address (P.O. Box Number is Not Acceptable): 2000 N. E. 122rd Road
83 Suite 1000
84 City: North Miami, FL 85 Zip Code: 33181-2924

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: X Marion E. Schano — MARION E. SCHANO — April 25, 1997
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☒ DELETE	1.1 TITLE	DP ☒ Change ☐ Addition
NAME	SCHANO, MARION E.	1.2 NAME	SCHANO, MARION E.
STREET ADDRESS	9500 W. BAY HARBOR DR. PH-7F	1.3 STREET ADDRESS	2000 N.E. 122rd Road, Suite 1000
CITY-ST-ZIP	BAY HARBOR ISLAND FL	1.4 CITY-ST-ZIP	North Miami, Florida 33181-2924
TITLE	SD ☒ DELETE	2.1 TITLE	SD ☒ Change ☐ Addition
NAME	SCHANO, EDWARD	2.2 NAME	SCHANO, EDWARD
STREET ADDRESS	9500 W. BAY HARBOR DR., PH-7F	2.3 STREET ADDRESS	2000 N.E. 122rd Road, Suite 1000
CITY-ST-ZIP	BAY HARBOR ISLAND FL	2.4 CITY-ST-ZIP	North Miami, Florida 33181-2924
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: X Marion E. Schano — MARION E. SCHANO — April 25, 1997 — (305) 891-1512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARION E. SCHANO PRESIDENT

0247429