

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 20 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 832912 (0)**

1. Corporation Name

**'EMPRESA DE TRANSPORTE AEREO DEL PERU' (AEROPERU)**

Principal Place of Business

Mailing Address

8181 NW 36TH  
STE 5  
MIAMI FL 33166  
US

1313 PONCE DE LEON BLVD  
STE 300  
CORAL GABLES FL 33134  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**08/20/1974**

3a. Date of Last Report  
**05/01/1994**

4. FEI Number  
**59-1548195**

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 § 199.032  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 **95 MERRICK WAY**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **STE. 700**

27

City & State

City & State

23 **CORAL GABLES, FL**

28

Zip

Country

Zip

Country

24 **33134**

25 **U.S.A.**

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIERVO, MARIO I  
8181 NW 36TH ST  
STE 5  
MIAMI FL 33166**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**95 MERRICK WAY**

83

**STE. 700**

84

City  
**CORAL GABLES**

**FL**

85

Zip Code  
**33134**

11. Pursuant to the provisions of Sections 707.0502 and 707.1508, 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 707.0505, Florida Statutes.

SIGNATURE

*[Signature]*  
Signature (typed or printed name of registered agent and title if applicable)

**I. MARIO SIERVO**

**4/21/95**

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DGM</b>
NAME	<b>SIERVO, MARIO I</b>
STREET ADDRESS	<b>8181 NW3 36TH ST #5</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>DT</b>
NAME	<b>QUINONES, CESAR</b>
STREET ADDRESS	<b>8181 NW 36TH ST #5</b>
CITY - ST - ZIP	<b>MIAMI, FL 0</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>95 MERRICK WAY STE.700</b>
14 CITY - ST - ZIP	<b>CORAL GABLES, FL 33134</b>
2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>95 MERRICK WAY STE.700</b>
24 CITY - ST - ZIP	<b>CORAL GABLES, FL 33134</b>
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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, on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**I. MARIO SIERVO**

(Date)

**4/21/95 (305)448-1454**

(Daytime Phone #)