

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 18 1996 8:00 am
Secretary of State

DOCUMENT # **832912 (0)**

1. Corporation Name
"EMPRESA DE TRANSPORTE AEREO DEL PERU" (AEROPERU)



Principal Place of Business Mailing Address
**95 MERRICK WAY
700
CORAL GABLES FL 33134
US** **1313 PONCE DE LEON BLVD
STE 300
CORAL GABLES FL 33134
US**

3. Date Incorporated or Qualified **08/20/1974** 3a. Date of Last Report **04/28/1995**
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 s. 190.032, Florida Statutes. Yes No

2. Principal Place of Business 2a. Mailing Address
21 State Apt. #, etc. 26 State Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIERVO, MARIO I
95 MERRICK WAY
STE. 700
CORAL GABLES FL 33134**

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 607.01(2) and 607.15(3), 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0501, Florida Statutes.

SIGNATURE _____ Date _____
Signature of Registered Agent (Print Name and Address of Registered Agent) _____ Date _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DGM	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIERVO, MARIO I	2. NAME	
STREET ADDRESS	95 MERRICK WAY STE. 700	3. STREET ADDRESS	
CITY-STATE-ZIP	CORAL GABLES FL	4. CITY-STATE-ZIP	
TITLE	DT	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINONES, CESAR	6. NAME	
STREET ADDRESS	950 MERRICK WAY STE. 700	7. STREET ADDRESS	
CITY-STATE-ZIP	CORAL GABLES FL	8. CITY-STATE-ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-STATE-ZIP		12. CITY-STATE-ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-STATE-ZIP		16. CITY-STATE-ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-STATE-ZIP		20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included in 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 officer 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 of this filing or in an attachment with an address.

SIGNATURE: **Mario I. Siervo** 3/13/96 (305)446-1454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)