

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #
1. Entity Name F00000006878

TRANS AMERICAN AIRLINES, S.A.

FILED
02 OCT -3 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300008340583--4
-10/11/02--01065--030
***550.00 ***550.00

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1221 Brickell Avenue		3. Mailing Address 1221 Brickell Avenue	
Suite, Apt. #, etc. Suite 2200		Suite, Apt. #, etc. Suite 2200	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33131	Country USA	Zip 33131	Country USA

4. FEI Number 651058186	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CorpDirect Agents	
Street Address (P.O. Box Number is Not Acceptable) 103 N. Meridian Avenue, Lower Level	
City Tallahassee	Zip Code FL 32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ratti, Daniel Ave. Comandante Espinar 331 Miraflores, Lima, Peru	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ferradas Platas, Julio Ave. Comandante Espinar 331 Miraflores, Lima, Peru	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ortiz-Messeguer, Luiz Ave. Comandante Espinar 331 Miraflores, Lima, Peru	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rojas, Jose G. Ave. Comandante Espinar 331 Miraflores, Lima, Peru	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Tenen, Jeffrey 1221 Brickell Avenue, #2200 Miami, Florida 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Sanchez, Israel 1221 Brickell Avenue Miami, Florida 33132	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

Jeffrey Tenen, Assistant Secretary

SIGNATURE: _____ 10/02/02 305.579.0500

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)