

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91309 025 ***150.00

DOCUMENT # F01000003035

1. Entity Name
AERO CONTINENTE S.A.

Principal Place of Business
3399 N.W. 72ND AVE., SUITE 214
MIAMI FL 33122

Mailing Address
1313 PONCE DE LEON BLVD., SUITE 300
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
55-2197267

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIVERO, MANUEL L
1313 PONCE DE LEON BLVD., SUITE 300
CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

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)

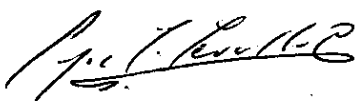
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.


11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete
NAME **GONZALEZ, LUPE MARITZA Z**
STREET ADDRESS **JR. BOLUGNESI 125 PISO 16/MIRAFLORES**
CITY-ST-ZIP **LIMA PERU**

TITLE ☐ Change ☐ Addition
NAME 
STREET ADDRESS
CITY-ST-ZIP

TITLE **VC** ☐ Delete
NAME **GONZALEZ, WINSTON R**
STREET ADDRESS **JR. BOLUGNESI 125 PISO 16/MIRAFLORES**
CITY-ST-ZIP **LIMA PERU**

TITLE ☐ Change ☐ Addition
NAME 
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ANDRADE, CARLOS MORALES**
STREET ADDRESS **JR. BOLUGNESI 125 PISO 16/MIRAFLORES**
CITY-ST-ZIP **LIMA PERU**

TITLE ☐ Change ☐ Addition
NAME 
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CUERVAS, JORGE D'ACUNHA**
STREET ADDRESS **JR. BOLUGNESI 125 PISO 16/MIRAFLORES**
CITY-ST-ZIP **LIMA PERU**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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TITLE ☐ Change ☐ Addition
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)(i), 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 Block 12 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

Date

Daytime Phone #

4/5/02

CR2E034 (9/01)