Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90048 036 ***158.75

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300000271

1. Corporation Name

AERO TRANSCOLOMBIANA DE CARGA, LTDA., INC.

							: [:]]]]]]]]]] 	161 1 161
Principal Place of Business Mailing Address						I (#\$ICOD ISTO TOTAL INSTINUESTIC MATERIALISTIC	 	(B) B) (C) (B) (B)
2361 N.W. 67 AVE.		P.O. BOX 590568						
BUILDING #700		MIAMI FL 33159-0568		- 1	DO NOT WRITE IN THI	S SPACE		
MIAMI FL 33152 US .						3. Date Incorporated or Qualifed		
						01/11/1993		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26		_	65-0372475		t Applicable	
· · · Suite, Apt. #, ·etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A		
22 27		_ 					Fee Re	···
City & State		City & State			6. Election Campaign Financing	\$5.00 Added to	· .	
23 Zin	Zip Country Zip		Country			Trust Fund Contribution 8. This corporation owes the current year in	_	
Zip	25	29 3	_ `	,		Personal Property Tax.	Yes	ZNo
9. Name and Address of Current Registered Agent			-			10. Name and Address of New Registered	i Agent	
,			81	Name				
FELIPE BARCO				Street	Addres	s (P.O. Box Number is Not Acceptable)		
2361 NW 67TH AVENUE			Ľ					
BLDG. 700			83				•	
MIAMI FL 33122			84	City			85 Zip C	Code
				<u>L </u>		FI		
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								
				nt signature r	required w	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.	PD DELETE		13. 1.1 TITLE			ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
NAME			1.2 NAME	1				
STREET ADDRESS	ACCULATE ANTHE PLOC TOO			T ADDRESS	ŀ			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP					
TITLE			2.1 TITLE				Change	☐ Addition
NAME	MAURICIO GLEISER					•		i
STREET ADDRESS	ACCUMENTATION AND AND AND AND AND AND AND AND AND AN			TADDRESS				
CITY-ST-ZIP	MIAMI FL		2.4 CTY-ST-ZIP		`			
TITLE	D DELETE		3.1 TITLE				☐ Change	☐ Addition
NAME	FELIPE BARCO		3.2 NAME					Ì
STREET ADDRESS	,			TADORESS				
CITY-ST-ZIP	MIAMI FL			3.4. CITY-ST-ZIP				[] Addition
TITLE		☐ DELETE	4.1 TITLE				☐ Change	[_] Addition
NAME			4. 2 NAME					
STREET ADDRESS			1	TADDRESS)
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	SI-ZIP	 		☐ Change	Addition
TITLE		<i></i>	5.7 IIILE 5.2 NAME		[
NAME PTDCCT ADDRESS				T ADDRESS	ļ			Ì
STREET ADDRESS CITY-ST-ZIP			5.4 CITY-5					ĺ
TITLE		DELETE	6.1 TITLE				☐ Change	Addition
1	l				I			

14. 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 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 eddress, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME