

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91559 027 ***150.00

DOCUMENT # F9300.0Q02983
1. Entity Name
Chabel Aviation, Inc.

DO NOT WRITE IN THIS SPACE

642624

2. Principal Place of Business 200 S. Biscayne Blvd. Suite, Apt. #, etc. Suite 2000 City & State Miami, Florida Zip 33131		3. Mailing Address 200 S. Biscayne Blvd. Suite, Apt. #, etc. Suite 2000 City & State Miami, Florida Zip Miami	
Country U.S.A.	Country U.S.A.		

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0418618	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name James M. Meyer, Esq.
Street Address (P.O. Box Number is Not Acceptable) 200 S. Biscayne Boulevard
Suite 2000
City Miami FL Zip Code 33131

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.

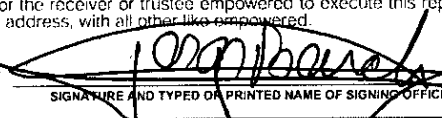
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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11. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
PD	Manuel Trigueros		
STREET ADDRESS	200 S. Biscayne Blvd., #2000	STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33131-2310	CITY - ST - ZIP	
VDAS	Jörgē. Bösch		
STREET ADDRESS	200 S. Biscayne Blvd., #2000	STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33131-2310	CITY - ST - ZIP	
STD	Carlos Sosa		
STREET ADDRESS	200 S. Biscayne Blvd., #2000	STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33131-2310	CITY - ST - ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **4/18/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)