

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

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**FILED**  
**Jun 30, 2020**  
**Secretary of State**  
**0300881838CC**

**Entity Name:** ABC AEROLINEAS S.A. DE C.V. INC.

**Current Principal Place of Business:**

AV. CAPITAN CARLOS LEON S/N  
ZONA FEDERAL AEROPUERTO INT'L CIUDAD DE MEXICO  
VENUSTIANO CARRANZA, CIUDAD DE MEXICO 15620

**Current Mailing Address:**

AV. CAPITAN CARLOS LEON S/N  
ZONA FEDERAL AEROPUERTO INT'L CIUDAD DE MEXICO  
VENUSTIANO CARRANZA, CIUDAD DE MEXICO 15620 MX

**FEI Number:** 98-1027804

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

M. L. RIVERO & ASSOCIATES, LLC  
1313 PONCE DE LEON BLVD.  
SUITE 201  
CORAL GABLES, FL 33134 US

*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:** MANUEL RIVERO 06/30/2020  
Electronic Signature of Registered Agent Date

**Officer/Director Detail :**

Title	C	Title	VC
Name	VELASCO, MIGUEL A	Name	MAGNANI, MIGUEL A
Address	AV. CAPITAN CARLOS LEON S/N ZONA FEDERAL AEROPUERTO INT'L CIUDAD DE MEXICO	Address	AV. CAPITAN CARLOS LEON S/N ZONA FEDERAL AEROPUERTO INT'L CIUDAD DE MEXICO
City-State-Zip:	VENUSTIANO CARRANZA CIUDAD DE MEXICO 15620	City-State-Zip:	VENUSTIANO CARRANZA CIUDAD DE MEXICO 15620
Title	PCEO	Title	SENIOR VP
Name	SHAW, WILLIAM	Name	CLERC, ALEXANDRE
Address	AV. CAPITAN CARLOS LEON S/N ZONA FEDERAL AEROPUERTO INT'L CIUDAD DE MEXICO	Address	AV. CAPITAN CARLOS LEON S/N ZONA FEDERAL AEROPUERTO INT'L CIUDAD DE MEXICO
City-State-Zip:	VENUSTIANO CARRANZA 15620	City-State-Zip:	VENUSTIANO CARRANZA 15620
Title	S	Title	T
Name	HERNANDEZ GARCIA, LUIS A	Name	MARRON RECAMIER, JOSE M
Address	AV. CAPITAN CARLOS LEON S/N ZONA FEDERAL AEROPUERTO INT'L CIUDAD DE MEXICO	Address	AV. CAPITAN CARLOS LEON S/N ZONA FEDERAL AEROPUERTO INT'L CIUDAD DE MEXICO
City-State-Zip:	VENUSTIANO CARRANZA CIUDAD DE MEXICO 15620	City-State-Zip:	VENUSTIANO CARRANZA CIUDAD DE MEXICO 15620

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MIGUEL A. VELASCO 06/30/2020  
Electronic Signature of Signing Officer/Director Detail Date