

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000001027

**FILED**  
**Mar 08, 2014**  
**Secretary of State**  
**CC4060045640**

**Entity Name:** AEROVIAS BETA CORP.

**Current Principal Place of Business:**

AVENIDA AQUILINO DE LA GUARDIA NO. 8  
PANAMA, REPUBLIC OF PANAMA, XX

**Current Mailing Address:**

AVENIDA AQUILINO DE LA GUARDIA NO. 8  
PANAMA, REPUBLIC OF PANAMA, XX XX

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

FLORIDA COMPANY REGISTRY INC.  
10 EDGEWATER DRIVE  
#4C  
CORAL GABLES, FL 33133 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name EFROMOVICH, GERMAN  
Address RUE ALBUQUERQUE LINS NO. 1128,  
APTO 151  
City-State-Zip: SANTA CECILIA,SAO PAULO,SP, XX

Title SD  
Name EFROMOVICH, JOSE  
Address RUA COLUMBUS 282, VILA  
LEOPOLDINA 05304-  
City-State-Zip: 010 SAO PAULO, BRAZIL XX

Title TD  
Name CAMPOS, RAUL  
Address RUA PROFESSORA HELOISA  
CARNEIRO, 21 JARDIM  
City-State-Zip: AEROPORTO, SAO PAULO,SP,BRAZ  
XX

Title ASSISTANT SECRETARY  
Name FREED, OWEN S  
Address 10 EDGEWATER DRIVE, #4C  
City-State-Zip: CORAL GABLES FL 33133

*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:** OWEN S. FREED

AS

03/08/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date