

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000005623

Entity Name: PLUS ULTRA LINEAS AEREAS, S.A. CORPORATION

FILED
Feb 17, 2020
Secretary of State
0336747360CC

Current Principal Place of Business:

1313 PONCE DE LEON BLVD.
SUITE 201
CORAL GABLES, FL 33134

Current Mailing Address:

1313 PONCE DE LEON BLVD.
SUITE 201
CORAL GABLES, FL 33134 US

FEI Number: 98-1464513

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AVIATION INDUSTRY CONSULTANTS, 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title C
Name GARCIA MANSO, FERNANDO
Address C/O TORREGALINDO, N 1.1
City-State-Zip: CP 28016, MADRID, SPAIN 00000

Title VCP
Name MARTINEZ SOLA, JULIO MIGUEL
Address C/O TORREGALINDO, N 1.1
City-State-Zip: CP 28016, MADRID, SPAIN 00000

Title D
Name GONZALEZ ENFEDAQUE, FERNANDO
Address C/O TORREGALINDO, N 1.1
City-State-Zip: CP 28016, MADRID, SPAIN 00000

Title D
Name CALDEIRO TELLEZ, ANTONIO
Address C/O TORREGALINDO, N 1.1
City-State-Zip: CP 28016, MADRID, SPAIN 00000

Title PD
Name REYES ROJAS, RODOLFO
Address C/O TORREGALINDO, N 1.1
City-State-Zip: CP 28016, MADRID, SPAIN 00000

Title S
Name DELGADO, ALEJANDRO
Address C/O TORREGALINDO, N 1.1
City-State-Zip: CP 28016, MADRID, SPAIN 00000

Title TD
Name ROSELLI MIELE, ROBERTO
Address C/O TORREGALINDO, N 1.1
City-State-Zip: CP 28016, MADRID, SPAIN 00000

Title D
Name EL ARIGIE HARBIE, RAIF
Address C/O TORREGALINDO, N 1.1
City-State-Zip: CP 28016, MADRID, SPAIN 00000

Continues on page 2

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: FERNANDO GARCIA MANSO

C

02/17/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name BORQUEZ TARFF, FLAVIO
Address C/O TORREGALINDO, N 1.1
City-State-Zip: MADRID 28016