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

FILED Apr 23 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION* Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** 664280 **VIAJES E**GUADOB U:S:A:; INC: IBEROJet Principal Place of Business Mailing Address 7270 NW 12TH ST. 7270 N.W. 12TH ST. SUITE 210 STE. #210 MIAMI FL 33126 DO NOT WRITE IN THIS SPACE MIAMI FL 33126 3. Date Incorporated or Qualified 02/06/1980 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 26 59-1985722 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HENRY RAATTAMA 1 SE 3RD ST 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 83 City Zip Code 85 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 Signature, typed or printed hadre of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition TITLE 1.1] ! ! LE GABRIEL SUBIAS CAND COLOM, JOSE LINARES MAME 1.2 NAME 7240 NW 1274 ST. 8/0 7270 NW 12 STREET 210 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL MiATTI FL 33126 CITY-ST-ZIP 1.4 C(TY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE MARTORELL, MARIA MAGDALEN NAME 2.2 NAME 7270 NW 12 STREET #210 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CHY-ST-7IP DELETE Change Addition TITLE 3.1 TiTLE juan J. de Olavarrieta 3.2 NAME 7270 NW 12 STREET # 210 STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY-ST-ZIP 4000024989**P**Phange -04/24/38--01003--021 DELETE ___ Addition TITLE 4.1 TITLE **GOMEZ. JOSE ANTONIO** 4. 2 NAME NAME 7270 NW 12 STREET #210 ***150,00 4.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition 5 1 Till E TITLE NAME 5.2 NAME 1.010 STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

DLAVARGETAL 4/13/98

14. Thereby certify that the information supplied with this filting 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 reports 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 composition of the receiver of the receiver of the receiver of the composition of the receiver of

CITY-ST-ZIP