

AMENDED


05-05-2003 90356 025 *****61.25

FILED 817467

03 MAY 23 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 817467			
1. Entity Name IBERIA LINEAS AERIAS DE ESPANA, S.A.			
Principal Place of Business 6100 BLUE LAGOON DRIVE SUITE 200 MIAMI, FL 33126		Mailing Address 6100 BLUE LAGOON DRIVE SUITE 200 MIAMI, FL 33126	
2. Principal Place of Business Velazquez 130 Suite, Apt. #, etc. Bloque VI, Planta 4		3. Mailing Address Suite, Apt. #, etc.	
City & State Madrid		City & State	
Zip 28006	Country Spain	Zip	Country
6. Name and Address of Current Registered Agent ROSA-MEDINA, SANDRA 6100 BLUE LAGOON DRIVE SUITE 200 MIAMI, FL 33126		4. FEI Number 13-1770798 Applied For Not Applicable	
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Name		City	
Street Address (P.O. Box Number is NOT Acceptable)		FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
[Redacted Signature]		DATE	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ROSA-MEDINA, SANDRA 6100 BLUE LAGOON DRIVE SUITE 200 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS ALVAREZ, ANTONIO 6100 BLUE LAGOON DRIVE SUITE 200 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 appointed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other (I) as empowered.			
SIGNATURE: ANTONIO ALVAREZ		Date: 4/23/03	
SECRETARY AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR		Daytime Phone # 3745600	

11037016



CHECK HERE IF MAKING CHANGES

CR2E004 (10/02)