

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 821204

FILED
Apr 10, 2012
Secretary of State

Entity Name: TACA INTERNATIONAL AIRLINES S A

Current Principal Place of Business:

8725 N.W. 18 TERRACE
SUITE 400 DORAL
MIAMI, FL 33172 US

New Principal Place of Business:

Current Mailing Address:

8725 N.W. 18 TERRACE
SUITE 400 DORAL
MIAMI, FL 33172 US

New Mailing Address:

FEI Number: 72-0513595 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, WILLIAM J
777 BRICKELL AVENUE
SUITE 114
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: KRIETE AVILA, ROBERTO JOSE
Address: OFFICERS RESIDE IN EL SALVADOR, CA
City-St-Zip: MIAMI, FL 33172 US

Title: S
Name: PALOMO, JOAQUIN
Address: 8725 NW 18 TERRACE, SUITE 400
City-St-Zip: MIAMI, FL 33172 US

Title: D
Name: EFROMOVICH, GERMAN
Address: 8725 NW 18 TERRACE, SUITE 400
City-St-Zip: MIAMI, FL 33172 US

Title: D
Name: EFROMOVICH, JOSE
Address: 8725 NW 18 TERRACE, SUITE 400
City-St-Zip: MIAMI, FL 33172 US

Title: D
Name: VILLEGAS, FABIO
Address: 8725 NW 18 TERRACE, SUITE 400
City-St-Zip: MIAMI, FL 33172 US

Title: D
Name: IGLESIAS, EDUARDO
Address: 8725 NW 18 TERRACE, SUITE 400
City-St-Zip: MIAMI, FL 33172 US

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: JOAQUIN PALOMO

S

04/10/2012

Electronic Signature of Signing Officer or Director

_____ Date