

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90356 040 ***150.00

DOCUMENT # F01000003035 1. Entity Name AERO CONTINENTE S.A.			
Principal Place of Business 3399 N.W. 72ND AVE., SUITE 214 MIAMI, FL 33122		Mailing Address 1313 PONCE DE LEON BLVD., SUITE 300 CORAL GABLES, FL 33134	
2. Principal Place of Business 8940 NW 24 TERRACE Suite, Apt. #, etc.		3. Mailing Address 8940 NW 24 TERRACE Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33172		Zip 33172	
Country USA		Country USA	
4. FEI Number 55-2197267		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIVERO, MANUEL L 1313 PONCE DE LEON BLVD., SUITE 300 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name MORALES, CARLOS Street Address (P.O. Box Number is Not Acceptable) 8940 NW 24 TERRACE MIAMI City MIAMI FL Zip Code 33178	
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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	C GONZALEZ, LUPE MARITZA Z <input type="checkbox"/> Delete JR. BOLUGNESI 125 PISO 16/MIRAFLORES LIMA PERU,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ZEVALLOS, WTE M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JR. BOLUGNESI 125-PISO 16, MIRAFLORES LIMA, PERU
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC GONZALEZ, WINSTON R <input type="checkbox"/> Delete JR. BOLUGNESI 125 PISO 16/MIRAFLORES LIMA PERU,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ZEVALLOS, WINSTON R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JR. BOLUGNESI 125-PISO 16, MIRAFLORES LIMA, PERU
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDRADE, CARLOS MORALES <input type="checkbox"/> Delete JR. BOLUGNESI 125 PISO 16/MIRAFLORES LIMA PERU,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORALES, CARLOS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8940 NW 24 TERRACE MIAMI, FL 33172
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
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
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)(i), 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 empowered 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 like empowered.			
SIGNATURE: C. Morales <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: APRIL 28, 2004 <small>Day/Date/Phone #</small>	