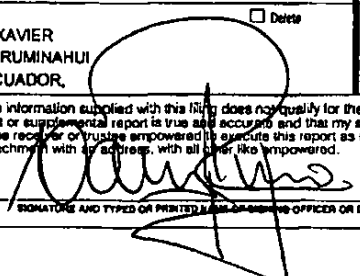


**2005 FOR PROFIT CORPORATION -
ANNUAL REPORT**

4/14

FILED
May 24, 2005 8:00 am
Secretary of State

04-14-2005 90093 046 ***150.00

DOCUMENT # F04000003322			
1. Entity Name AEROLANE, LINEAS AEREAS NACIONALES DEL ECUADOR, S.A.			
Principal Place of Business EDIFICIO RUMINAHUI AVENIDA AMAZONAS Y PASAJES GUAYAS E 3-131 QUITO ECUADOR, OC		Mailing Address 6500 NW 22 AVENUE MIAMI, FL 33122	
2. Principal Place of Business Edificio Las Camaras		3. Mailing Address	
Suite, Apt. #, etc. Torre Institucional Piso 7		Suite, Apt. #, etc.	
City & State Av. Francisco Orellana entre Victor Hugo Sicouret y Miguel Alcivar		City & State	
Zip Guayaquil ECUADOR		Country	
4. FEL Number 98-0383677		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent MONTE SINOS, PABLO 6500 NW 22 STREET MIAMI, FL 33122	
7. Name and Address of New Registered Agent		Name	
Street Address (P.O. Box Number is Not Acceptable)		City	
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 _____ Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reappointing DATE			
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 RIVERA, XAVIER EDIFICIO RUMINAHUI QUITO ECUADOR, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM Naranjo, Maximiliano EDIFICIO LAS CAMARAS - TORRE INSTITUCIONAL PISO 7 - AV. FRANCISCO ORELLANA ENTRE VICTOR HUGO SICOURET ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ALTGELT, JOSE EDIFICIO RUMINAHUI QUITO ECUADOR, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIEMANN SCHWARZ, CARL F EDIFICIO RUMINAHUI QUITO ECUADOR, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERERRO, RICARDO EDIFICIO RUMINAHUI QUITO ECUADOR, ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARDITO, BRUNO EDIFICIO RUMINAHUI QUITO ECUADOR, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO RIVERA, XAVIER EDIFICIO RUMINAHUI QUITO ECUADOR, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 recorder 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: 		Date: MARCH 21 / 2005	
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR		Date	

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02112005 Chg-P CR2E034 (10/03)