

JUN 6 2012 3:46PM

YOUR CAPITAL CONNECTION  
F1200000023912

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H12000150433 3))



H12000150433ABCT

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850) 224-8870  
Fax Number : (850) 222-1222

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FOREIGN PROFIT/NONPROFIT CORPORATION  
TRANSCARGA INTL. AIRWAYS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

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12 JUN -6 PM 12:05

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JUN. 6. 2012 3:46PM

CAPITAL CONNECTION

NO. 0433 P. 2

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** TRANSCARGA INTL. AIRWAYS, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

**JULIO MARQUEZ**

Name of Person

**TRANSCARGA INTL. AIRWAYS**

Firm/Company

**1651 NW 68th Ave. Building 706. STE 205**

Address

**Miami FL, 33126**

City/State and Zip code

**xiomaracastillo@transcarga.net**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Xiomara Castillo**

Name of Person

at ( **305** ) **968 8065**

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

12 JUL -6 PM 12:35  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

**1. TRANSCARGA INTL. AIRWAYS, INC**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. Venezuela**

(State or country under the law of which it is incorporated)

**3.**

(FEI number, if applicable)

**4. October 21st, 1998**

(Date of incorporation)

**5.****October 20th, 2048**

(Duration: Year corp. will cease to exist or "perpetual")

**6. Not doing business in Florida yet**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. Rio Caura Ave. Torre Humboldt STE 513, Prados del Este, Miranda 1080, Venezuela**

(Principal office address)

Rio Caura Ave. Torre Humboldt STE 513, Prados del Este, Miranda 1080, Venezuela

(Current mailing address)

**8. Domestic and international air transport. Sale and lease of any aviation related goods or services**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

**9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name: Airvalue Inc

Office Address: 4995 NW 72nd Ave STE 206

Miami

(City)

, Florida

33166

(Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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## 12. Names and business addresses of officers and/or directors:

## A. DIRECTORS

Chairman: JULIO MARQUEZAddress: 1651 NW 68th Ave , Bullding 706, STE 205. Miami FL, 33126

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

## B. OFFICERS

President: JULIO MARQUEZAddress: 1651 NW 68th Ave, Building 706, STE 205. Miami FL, 33126

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

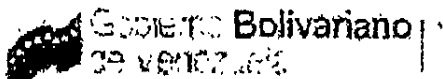
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. \_\_\_\_\_

Julio Marquez - President

(Typed or printed name and capacity of person signing application)



Gobierno Bolivariano  
de Venezuela

Vivienda y Habitat



Número de Confirmación  
019 30619

ESTADO DE CUENTA					
APORTES AL FONDO DE AHORRO OBLIGATORIO PARA LA VIVIENDA (FAOV)					
DATOS DEL EMPLEADOR AFILIADO				FECHA	
Nombre del Empleador		Nº Rif	Desde	Hasta	
TRANSCARGA INTL. AIRWAYS, C.A.		J-30570380-9	09/06/2012	08/06/2012	
FISCALIZACIÓN					
Fecha de Fiscalización	Fecha	Monto	Monto	Total	
	Desde	Hasta	Rendimiento		
			0.00	0.00	
			Subtotal (1):	0.00	
NÓMINAS AFILIADAS					
Número de Afiliación	Número de Empleados		Fecha de Afiliación de Nómina		
03213057038090015150	27		07/07/2009		
PAGOS PENDIENTES					
Número de Afiliación	Número de Planilla	Periodo	Monto	Monto	Total
			Rendimiento		
			0.00	0.00	0.00
			Subtotal (2):		0.00
			Monto a pagar(1+2):		0.00

SOLICITA



MINISTERIO DE VIVIENDA Y HABITAT  
 Av. Venezuela, Torre B, Edificio 100, Zona Centro, Caracas 1050  
 Tel: (51) 230.0000 a 230.0009 Fax: (51) 230.0009

12 JUN -6 PM 12:35

SECCION DE INFORMACIONES  
 DIVISION DE INFORMACIONES