FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR -1 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F48758 (9)

1. Corporation Name
TRANSBRASIL AIRLINES, INC.

Principal Place of Business	Mailing Address
5757 BLUE LAGOON DR. SUITE 400 MIAMI FL 33126	5757 BLUE LAGOON DR. SUITE 400 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/20/1981
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2137280 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CIPRIANI, MARISE FONTANA
7150 LAGO DRIVE WEST
CORAL GABLES FL 33143

10. Name and Address of New Registered Agent

81 Name: C T CORPORATION SYSTEM
82 Street Address (P.O. Box Number is Not Acceptable): 1200 S. PINE ISLAND ROAD
83
84 City: PLANTATION FL 85 Zip Code: 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation. The undersigned hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Barbara A Burke — BARBARA A. BURKE, SPECIAL ASSISTANT SECRETARY — DATE: 2-9-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required in all instances) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☐ Change ☐ Addition
NAME	FONTANA, OMAR	1.2 NAME	
STREET ADDRESS	7255 NW 19TH ST, STE F	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	PT	2.1 TITLE	☐ Change ☐ Addition
NAME	CIPRIANI, ANTONIO CELLSO	2.2 NAME	
STREET ADDRESS	7255 NW 19TH ST, STE F	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☑ Change ☐ Addition
NAME	DANIEL, ROYAL	3.2 NAME	
STREET ADDRESS	1225 I ST NW,STE 1050	3.3 STREET ADDRESS	P.O. BOX 567; 130 SKI HILL RD.
CITY-ST-ZIP	WASHINGTON DC	3.4 CITY-ST-ZIP	BRECKENRIDGE, CO 80424
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Royal Daniel III — FEB. 1, 1995 — (305) 453-1620
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE — (Area Code) Daytime Phone Number
ROYAL DANIEL, III SECRETARY