

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthan  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F93000000271 (7)**

1. Corporation Name

**AERO TRANSCOLOMBIANA DE CARGA, LTDA., INC.**



Principal Place of Business

Mailing Address

**2361 N.W. 67 AVE.  
BUILDING #700  
MIAMI FL 33152  
US**

**P.O. BOX 580568  
MIAMI FL 33159-0568  
US**

3. Date Incorporated or Qualified  
**01/11/1993**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FET Number  
**65-0372475**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CANAL, MIGUEL J.  
155 OCEAN LANE DRIVE  
APT. 611  
KEY BISCAIYNE FL 33149**

81 Name

**Felipe Barco**

82 Street Address (P.O. Box Number is Not Acceptable)

**2361 N.W. 67 Avenue Bldg 700**

83

84 City

**Miami**

FL

85 Zip Code  
**33122**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

**Felipe Barco**

**5/22/96**

Signature typed or printed (name of registered agent and that of corporation)

(Name of Registered Agent Signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PCDT	<input checked="" type="checkbox"/> DELETE
NAME	CANAL, MIGUEL J	
STREET ADDRESS	155 OCEAN LANE DRIVE APT. 611	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Carlos Child	
1.3 STREET ADDRESS	2361 N.W. 67th Avenue Bldg 700	
1.4 CITY-ST-ZIP	Miami, Florida - 33159	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	General Manager/Director	<input checked="" type="checkbox"/> Addition
2.2 NAME	Mauricio Gleiser	
2.3 STREET ADDRESS	2361 N.W. 67th Avenue Bldg 700	
2.4 CITY-ST-ZIP	Miami, Florida 33159	
3.1 TITLE	General Manager-Miami	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Felipe Barco	
3.3 STREET ADDRESS	2361 N.W. 67th Avenue Bldg 700	
3.4 CITY-ST-ZIP	Miami, Florida 33159	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 I changed, or on an attachment with an address.

SIGNATURE

**Carlos Child**

**05/15/96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

EXPIRATION DATE

CR2E034 (12/95)