SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F94000001299 (6)**

1. Corporation Name
EXPORT AIR DEL PERU S.A.

Principal Place of Business	Mailing Address
P.O. BOX 520398 MIAMI FL 33152	6233 N. UNIVERSITY DR. TAMARAC FL 33321

3. Date Incorporated or Qualified: 03/15/1994
3a. Date of Last Report: 09/11/1995
4. FEI Number: 98-0120737 ☐ 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

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

9. Name and Address of Current Registered Agent
LAVENDER, JOEL R
507 S.E. 11 CT.
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent
81 Name: MIRTHA A. CAMACHO
82 Street Address (P.O. Box Number is Not Acceptable)
83: 6233 N. University Dr.
84 City: Tamarac, FL 85 Zip Code: 33321

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's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Mirtha A. Camacho DATE: Mirtha A. Camacho 8/5/96
Signature by officer or duly authorized agent required for all applications. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CAMACHO, JORGE S 6233 N. UNIVERSITY DR. TAMARAC FL 33321	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	CAMACHO DANIEL 6233 N. University Dr. TAMARAC, FL 33321 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST CAMACHO, MIRTHA A 6233 N. UNIVERSITY DR. TAMARAC FL 33321 Keep.	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	CAMACHO MIRTHA A. 6233 N. University Dr. Tamarac, FL 33321 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	400001917184 -08/08/96--01106--006 ***225.00 ☐ Change ☐ Addition

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mirtha A. Camacho 7/3/96 954/7210000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

NN 8/8/96

080646 CP