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 1997

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

FILED
97 JUN 23 AM 5:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DOCUMENT # F94000003226 (7)

1. Corporation Name

AEROMEXPRESS, S.A. DE C.V.

Principal Place of Business	Mailing Address
13405 N.W. FREEWAY ST. 117 HOUSTON TX 77040	13405 N.W. FREEWAY ST. 117 HOUSTON TX 77040

3. Date Incorporated or Qualified: 06/20/1994
3a. Date of Last Report: 05/01/1996
4. FEI Number: 76-0341514 ☐ 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 — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MALDONADO, JOSE
CARGO BLDG., #702
MIAMI INTERNATIONAL AIRPORT
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: Jairo Vargas
82 Street Address (P.O. Box Number is Not Acceptable): 2461 N. W. 66th. Ave. Bldg 702 - A240
83 Miami, Fl. 33122
84 City: Miami, Fl. FL 85 Zip Code: 33122

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 [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	Chairman ☒ Change ☐ Addition
NAME	AUSTIN, FELIX R		1.2 NAME	Javier Elizalde
STREET ADDRESS	AVE TEXCOCO S., NO. ESQ. AVE. TAHEL		1.3 STREET ADDRESS	AVE TEXCOCO S,NO.ESQ.AVE.TAHEL
CITY-ST-ZIP	COL PENON DE LOS BANOS-MEXIC 15520		1.4 CITY-ST-ZIP	COL PENON DE LOS BANOS-MEXIC 15520
TITLE	V	☐ DELETE	2.1 TITLE	Secretary ☒ Change ☐ Addition
NAME	MENDIOLA, MARCO A		2.2 NAME	Jose Robles
STREET ADDRESS	AVE TEXCOCO S., NO. ESQ. AVE. TAHEL		2.3 STREET ADDRESS	AVE TEXCOCO S NO.ESQ AVE.TAHEL
CITY-ST-ZIP	COL PENON DE LOS BANOS-MEXIC		2.4 CITY-ST-ZIP	~~COL PENON DE LOS BANOS MEXIC 15520~~
TITLE	T	☐ DELETE	3.1 TITLE	Roberto Velasco ☒ Change ☐ Addition
NAME	COLADO, FEDERICO S		3.2 NAME	CFO
STREET ADDRESS	AVE TEXCOCO S., NO. ESQ. AVE. TAHEL		3.3 STREET ADDRESS	AVE TEXCOCO S,NO.ESQ AVE TAHEL
CITY-ST-ZIP	COL PENON DE LOS BANOS-MEXIC 15520		3.4 CITY-ST-ZIP	COL PENON DE LOS BANOS-MEXIC 15520
TITLE	S	☐ DELETE	4.1 TITLE	Vice President ☐ Change ☒ Addition
NAME	DURET, PEDRO S		4.2 NAME	Steven G. Connolly
STREET ADDRESS	PASEO DE LA REFORMA 445-12 PISCO		4.3 STREET ADDRESS	5795 West Imperial Highway L.A. Ca. 90045
CITY-ST-ZIP	COL. CUAUHTEMOC-MEXICO-C.P. 06500		4.4 CITY-ST-ZIP	100002221841--9 -05/24/97--01039--017
TITLE	DC	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	REBOLLEDO, ERNESTO MARTEN		5.2 NAME	****165.00 ****165.00
STREET ADDRESS	PASEO DE LA REFORMA 445-12 PISO		5.3 STREET ADDRESS	
CITY-ST-ZIP	COL CU		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ABED, GUILLERMO QUIR		6.2 NAME	6-24-97
STREET ADDRESS	PASEO DE LA REFORMA 445-12 PISCO		6.3 STREET ADDRESS	
CITY-ST-ZIP	COL. CUAUHTEMOC-MEXICO-C.P.		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] ROBERTO VELASCO 6/2/97 (713) 744-8457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)