

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 08, 2003 8:00 am**  
**Secretary of State**

08-08-2003 90094 006 \*\*\*550.00

014428 AT

**DOCUMENT # F94000003226**

1. Entity Name  
**AEROMEXPRESS, S.A. DE C.V.**



Principal Place of Business  
**15311 VANTAGE PARKWAY WEST  
SUITE 249  
HOUSTON TX 77032  
US**

Mailing Address  
**15311 VANTAGE PARKWAY WEST  
SUITE 249  
HOUSTON TX 77032  
US**



2. Principal Place of Business

**3663 NORTH SAM HOUSTON PKWY. EAST**

3. Mailing Address

**3663 NORTH SAM HOUSTON PKWY. EAST**

Suite, Apt. #, etc.

**SUITE 510**

Suite, Apt. #, etc.

**SUITE 510**

City & State

**HOUSTON, TX**

City & State

**HOUSTON, TX**

Zip

**77032**

Country

**USA**

Zip

**77032**

Country

**USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **76-0341514**

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required


6. Name and Address of Current Registered Agent

**CHIAPPO, RAUL  
2461 N.W. 67TH AVE., BLDG 700  
SUITE B206  
MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name **MARTINEZ, AMARILIS**  
Street Address (P.O. Box Number is Not Acceptable)  
**6105 N. W. 18TH ST.  
BUILDING 716 C, SUITE 403**  
City **MIAMI** FL Zip **33126**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE   
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/10/03**

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **C**  
STREET ADDRESS **ALBREGHT, JAAN CAP**  
CITY-ST-ZIP **AVE TEXCOCO S NO ESQ AVE TAHEL  
COL PENON DE LOS BANOS-MEXIC 15520**

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **SORNHEIM, PEDRO**  
CITY-ST-ZIP **AVE TEXCOCO S NO ESQ AVE TAHEL  
COL PENON DE LOS BANOS-MEXIC 15520**

TITLE ☐ Delete  
NAME **CFO**  
STREET ADDRESS **MAARTINEZ, MAURICIO NIETO**  
CITY-ST-ZIP **AVE TEXCOCO S NO ESQ AVE TAHEL  
COL PENON DE LOS BANOS-MEXIC 15520**

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **STEVEN G CONNOLLY**  
CITY-ST-ZIP **222 N SEPULVEDA BLVD  
EL SEGUNDO CA**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
NAME **C**  
STREET ADDRESS **WHITE, JAIME**  
CITY-ST-ZIP **AVE TEXCOCO S NO ESQ AVE TAHEL  
COL PENON DE LOS BANOS - MEXIC 15520**

TITLE ☐ Change ☒ Addition  
NAME **S**  
STREET ADDRESS **ANAYA, JOSE**  
CITY-ST-ZIP **AVE TEXCOCO S. NO ESQ AVE TAHEL  
COL PENON DE LOS BANOS - MEXIC 15520**

TITLE ☒ Change ☐ Addition  
NAME **CFO**  
STREET ADDRESS **NIETO, MAURICIO**  
CITY-ST-ZIP **AVE TEXCOCO S NO ESQ AVE TAHEL  
COL PENON DE LOS BANOS - MEXIC 15520**

TITLE ☒ Change ☐ Addition  
NAME **VP**  
STREET ADDRESS **CONNOLLY, STEVEN G.**  
CITY-ST-ZIP **5795 W. IMPERIAL HWY.  
LOS ANGELES, CA 90405**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/18/2003 (281) 2279226**

Daytime Phone #

CR2E034 (4/03)