FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Feb 20 1996 8:00 am
Secretary of State

DOCUMENT # F94000004234 (0)

1. Corporation Name

AERO COSTA RICA ACORI, S.A.

Principal Place of Business
700 S. ROYAL POINCIANA #705
MIAMI FL 33166

Mailing Address
700 S. ROYAL POINCIANA #705
MIAMI FL 33166

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

3. Date Incorporated or Qualified: 08/16/1994
3a. Date of Last Report: 07/28/1995
4. FEI Number: 98-0120793 ☐ 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

QUIROS, VICTOR H
700 S. ROYAL POINCIANA #705
MIAMI FL 33166

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CHAVES, CALIXTO C		1.2 NAME	
STREET ADDRESS	100 MT. NORTE DEL HOSPITAL MEXICO		1.3 STREET ADDRESS	
CITY, ST, ZIP	LAURUCA, COSTA RICA		1.4 CITY, ST, ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MONGE, JORGE		2.2 NAME	
STREET ADDRESS	100 MT. NORTE DEL HOSPITAL MEXICO		2.3 STREET ADDRESS	
CITY, ST, ZIP	LAURUCA, COSTA RICA		2.4 CITY, ST, ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	VARGAS, FEDERICO		3.2 NAME	
STREET ADDRESS	100 MT. NORTE DEL HOSPITAL MEXICO		3.3 STREET ADDRESS	
CITY, ST, ZIP	LAURUCA, COSTA RICA		3.4 CITY, ST, ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GUTIERREZ, EDGAR		4.2 NAME	
STREET ADDRESS	100 MT. NORTE DEL HOSPITAL MEXICO		4.3 STREET ADDRESS	
CITY, ST, ZIP	LAURUCA, COSTA RICA		4.4 CITY, ST, ZIP	
TITLE	T	☒ DELETE	5.1 TITLE	T ☒ Change ☐ Addition
NAME	MORA, CARLOS		5.2 NAME	MANUEL RODRIGUEZ
STREET ADDRESS	100 MT. NORTE DEL HOSPITAL MEXICO		5.3 STREET ADDRESS	100 MT. NORTE DEL HOSPITAL MEXICO
CITY, ST, ZIP	LAURUCA, COSTA RICA		5.4 CITY, ST, ZIP	LA URUCA, COSTA RICA
TITLE	P	☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CORRALES, LUIS		6.2 NAME	
STREET ADDRESS	100 MT. NORTE DEL HOSPITAL MEXICO		6.3 STREET ADDRESS	
CITY, ST, ZIP	LAURUCA, COSTA RICA		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: CALIXTO CHAVES, CEO 02/01/1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)