

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 33166-6600

3. Date Incorporated or Qualified
08/16/1994

3a. Date of Last Report
02/20/1996

2. Principal Place of Business

21 2525 SW 3rd Ave.

2a. Mailing Address

26 2525 SW 3rd Ave.

Suite, Apt. #, etc.

22 Suite 300

Suite, Apt. #, etc.

27 Suite 300

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip

24 33129

Country

25

Zip

29 33129

Country

30

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

QUIROS, VICTOR H.

82

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

2525 SW 3rd Ave.

83

Suite 300

84

City
Miami.

FL

85

Zip Code
33129

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, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE C
NAME CHAVES, CALIXTO C
STREET ADDRESS 100 MT. NORTE DEL HOSPITAL MEXICO
CITY-ST-ZIP LAURUCA, COSTA RICA

☐ DELETE

TITLE V
NAME MONGE, JORGE
STREET ADDRESS 100 MT. NORTE DEL HOSPITAL MEXICO
CITY-ST-ZIP LAURUCA, COSTA RICA

☒ DELETE

TITLE T
NAME VARGAS, FEDERICO
STREET ADDRESS 100 MT. NORTE DEL HOSPITAL MEXICO
CITY-ST-ZIP LAURUCA, COSTA RICA

☐ DELETE

TITLE S
NAME GUTIERREZ, EDGAR
STREET ADDRESS 100 MT. NORTE DEL HOSPITAL MEXICO
CITY-ST-ZIP LAURUCA, COSTA RICA

☐ DELETE

TITLE T
NAME RODRIGUEZ, MANUEL
STREET ADDRESS 100 MT. NORTE DEL HOSPITAL MEXICO
CITY-ST-ZIP LAURUCA CO

☒ DELETE

TITLE P
NAME CORRALES, LUIS
STREET ADDRESS 100 MT. NORTE DEL HOSPITAL MEXICO
CITY-ST-ZIP LAURUCA, COSTA RICA

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☒ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

21 TITLE ☐ Change ☒ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

1/30/97 258-2665

CR2E034 (9/96)