May 01, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700004272

1. Corporation Name

TAM - TRANSPORTES AEREOS MERIDIONAIS, S.A.

Principal Place	e of Business	Mailing	Address					1 1881189 1118 1	Bisi i ba ni ba ni t	idies parsi par	ii ##iii #i#i# ii#	ii 18818 iibi 1881
7205 NW 19 ST		7205 N	7205 NW 19 ST									
501		501					1	DO NOT WRITE IN THIS SPACE				
MIAMI FL 33126 MIAMI FL 33126			FL 331 <i>2</i> 6					3. Date Incorporated or Qualified				
	-							08/14/1997	u or washiet	,		
2 Principal Pl	lace of Business	2a Mai	iling Address				- 	4. FEI Number				opplied For
	lace of Business	26	mig / taaraaa				, [65-0773334				lot Applicable
Suite Ant.	#, etc.		ite, Apt. #, etc.	_								Additional
22	, , , , , , , , , , , , , , , , , , ,	27						Certificate of Stat	us Desired	□	~ Fee F	Required
City & State			City & State					6. Election Campai	gn Financing		\$5.00	May Be
23		28	28					Trust Fund Cont	ribution		Added	to Fees
Zip	Country	Zip		Cour	ntry			8. This corporation	owes the cu	rrent year I		_
24	25	29		30				Personal Proper			Yes	□No
	9. Name and Address of Curr	ent Registere	d Agent		1		1	0. Name and Add	ress of New	Registere	d Agent	
5543	T/OWO/! 1040 F	•			81	Name			•			
	TKOWSKI, JOAO E			Ì	82	Street	Address	(P.O. Box Number	is Not Accep	table)		
	5 NW 19 ST											
501	ALTI OCACE			,	83							
MAN	WI FL 33126				84	City		-			85 Zir	Code
		·			_1					<u>_</u>		
11. Pursuant	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 607.1 te of Florida. S	508, Florida Statu! Such change was a	tes, the at authorized	ove by t	⊱named the corp	corporation's	tion submits this star board of directors.	ement for the hereby acce	e purpose o opt the app	or changing i	registered
agent. I a	m familiar with, and accept the obli	gations of, Sec	ction 607.0505. Flo	orida Statu	tes.				-			i
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SIGNATURE										DATE		
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SIGNATURE	Signature, typed or printed name of registered a OFFICERS A		licable. (NOTE	E: Registered	Agent		required whe	en reinstating) ADDITIONS/CHA	NGES TO O		AND DIRECT	
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14. 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99