2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jul 24, 2000 8:00 am Secretary of State DOCUMENT # F97000004272 TAM - TRANSPORTES AEREOS MERIDIONAIS, S.A. 07-24-2000 90012 049 ***150.00 Principal Place of Business Mailing Address 7205 NW 19 ST 7205 NW 19 ST **れびひじづんりゅ** MIAMI FL 33126 MIAMI FL 33126-1231 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0773334 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent Name BRATKOWSKI, JOAO E Street Address (P.O. Box Number is Not Acceptable) 7205 NW 19 ST 1313 Ponce De Leon Blvd 501 Suite 300 MIAMI FL 33126 Coral Gables Zip Code 33134 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE x Change Addition ☐ Delete TITLE NAME NAME BRATKOWSKI, JOAO E STREET ADDRESS STREET ADDRESS 1313 Ponce De Leon Blvd., Ste.300 7205 NW 19 ST., #501 CITY-ST-7IP CITY-ST-ZIP Coral Gables, FL 33134 MIAMI FL 33126 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete

13. 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 trustege empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachmen ith all other like empowered.

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

7/14/00

(305)443-8500

Change

☐ Addition

E0:14 (1/38)

Davtime Phone #

F97000004272



Tam Airlines

1313 Ponce De Leon Blvd., Ste.300 Coral Gables, FL 33134

July 14, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

REF: Document #F97000004272

Gentlemen:

Attached you will find our 2000 Uniform Business Report along with the payment in the amount of \$150.00.

The reason for it been late is that we moved and we just received it in the mail therefore we request the abatement of any penalties. Please change our mailing address to:

1313 Ponce De Leon Blvd. Suite 300 Coral Gables, FL 33134

If you should have any further questions do not hesitate to contact me.

Sincerely,

Manuel L. Rivero Tax Accountant