

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90006 019 ***150.00

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1. Entity Name

FLOPS-SERVICOS AUXILIARES DE OPERACOES
 DE VOOS LTDA

Principal Place of Business

7597 NW 7TH ST
 MIAMI FL 33126

Mailing Address

7597 NW 7TH ST
 MIAMI FL 33126

2. Principal Place of Business

7587 NW 7TH ST
 Suite, Apt. #, etc.

3. Mailing Address

7587 NW 7TH ST
 Suite, Apt. #, etc.

00048421

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

Zip

33126

Country

USA

City & State

MIAMI FL

Zip

33126

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

MAZZA, MIGUEL
 7597 NW 7TH ST
 MIAMI FL 33126

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 7587 NW 7TH ST
 City MIAMI FL Zip Code 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
 Trust Fund Contribution.

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PSC	<input type="checkbox"/> Delete
NAME	MANTOVANI, EDILTON B	
STREET ADDRESS	Av. Jose Bonifacio 1351-Apt74ajd	
CITY-ST-ZIP	Paineiras Campinas Brazil	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MANTOVANI, GUSTAVO P	
STREET ADDRESS	Av. Jose Bonifacio 1351-Apt74ajd	
CITY-ST-ZIP	Paineiras Campinas Brazil	
TITLE	TVC	<input type="checkbox"/> Delete
NAME	VIEIRA, ERIKA P	
STREET ADDRESS	Av. Jose Bonifacio 1351-Apt74ajd	
CITY-ST-ZIP	Paineiras Campinas Brazil	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5271 IMAGES CIRCLE APT 102	
CITY-ST-ZIP	Kissimmee FL 34746-4772	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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:

Gene King (Per Power of Attorney attached)

4/25/2000

305-553-0538

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #