

2002 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # F98000003133
 1. Entity Name
 Fly-Ops-Servicos De Operacoes DeVoos LTD, ME

FILED
 02 OCT 18 PM 3:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 7587 NW 7th St 7857 NW 7th St
 Miami FL 33126 Miami FL 33126

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number Applied For
 N/A 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)
 City FL Zip Code

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)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 FILE NOW: FEE IS \$61.25
 Make Check Payable to Department of State

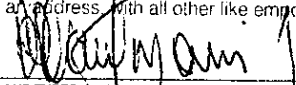
10. OFFICERS AND DIRECTORS

TITLE PSC NAME MANTOVANI, EDILTON B STREET ADDRESS 13650 Lake Vining Dr Apt 2106 CITY-ST-ZIP Orlando FL 32821 <input type="checkbox"/> Delete
TITLE VD NAME MANTOVANI, GUSTAVO P. STREET ADDRESS Av NS Fatima 805 T114 CITY-ST-ZIP Campinas, SP Brasil 13090-902 BR <input checked="" type="checkbox"/> Delete
TITLE TVC NAME MANTOVANI, ERIKA P. STREET ADDRESS Av NS Fatima 805 T114 CITY-ST-ZIP Campinas, SP Brasil 13090-902 BR <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS 500008702665 CITY-ST-ZIP 10/30/02--01076--023 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  EDILTON B. MANTOVANI