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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98000005267**

1. Corporation Name
STAF AIRLINES, S.A.

Principal Place of Business	Mailing Address
P.O. BOX 522300 MIAMI FL 33152	P.O. BOX 522300 MIAMI FL 33152

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1998

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

4. FEI Number: 52-2044807 — 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAVIN, JOSE E
1050 N.W. 127TH COURT
MIAMI BEACH FL 33182

10. Name and Address of New Registered Agent

81 Name: Jesus Fernandez
82 Street Address (P.O. Box Number is Not Acceptable): 7526 West 32 Court
83
84 City: Hialeah — FL — 85 Zip Code: 33018

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 _____ 1/12/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	REY, ALFONSO		1.2 NAME		
STREET ADDRESS	1851 N.W. 68TH AVENUE, BLDG 706 STE A225		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DONADO, CARLOS		2.2 NAME		
STREET ADDRESS	1851 N.W. 68TH AVENUE, BLDG 706 STE A225		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PACITTI, PHIL		3.2 NAME		
STREET ADDRESS	1851 N.W. 68TH AVENUE, BLDG 706 STE A225		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	C	☒ DELETE	4.1 TITLE	C	☒ Change ☐ Addition
NAME	LAVIN, JOSE E		4.2 NAME	Jesus Fernandez	
STREET ADDRESS	1851 N.W. 68TH AVENUE, BLDG 706 STE A225		4.3 STREET ADDRESS	7526 West 32 Court	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Hialeah FL 33018	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BARLETTA, FRANCISCO O		5.2 NAME		
STREET ADDRESS	15 PADRE BEAUVIOR		5.3 STREET ADDRESS		
CITY-ST-ZIP	ARGENTINA		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MARCILECE, DIEGO		6.2 NAME		
STREET ADDRESS	15 PADRE BEAUVIOR		6.3 STREET ADDRESS		
CITY-ST-ZIP	ARGENTINA		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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.

SIGNATURE: _____ 1/12/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 305 871-0130