FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBB)

DOCUMENT # F98000005267



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1. Entity Nort	AIRLINES, S.A.			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
	DO NOT WRITE	Andrew State Control of the Control	CE	THE STATE	ose. PLURIUA			
Principal Place of Business P.O. BOX 522300 Suite, Apt. #, etc.		3. Mailing Address 2121 PONCE DE LEON Suite, Apt. #, etc.		IEINST & NOTWAY	ELLING SPACE 0 3			
City & State MIAMI, FL.		CORAL GABLES, FL.		4. FEI Number 52-2044807	Applied For Not Applicable			
Z _{ip} 33134	Country		ountry	5. Certificate of Status Desired	\$8.75 Additional			
			Name GABR	7. Name and Address of Current IEL PRATS	Registered Agent			
	DO NOT W	85. 4	. Street Address IP.O. Box Number is Not Acceptable)					
IN THIS SPACE			2121 PONCE DE LEON BLVD. SUITE 240					
			City CORAL GABLES, FL 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. I am familiar with, and accept the obligations of registered agent. 10-24-03								
	Sonature, typed or printed harve pregistered agent nuary 1 - May 1 Fee to \$150.00	and the Fapolicanio (NOTE: Reg	sicred Agent signature required		DA ¹ E			
3.8	After May 1; Fee is \$550.00 Amended UBR is \$61.25 k Payable to Florida Department of			Election Campaign Fine Trust Fund Contribution				
10. Title	OFFICERS AND	DIRECTORS	TITLE	کی و کیش رسی رسی پیشنده	£			
name Street address City-57, 21P	REY, ALFONSO 1851 NW. 68TH, AVE. BLI MIXMI FI 33177	DG.706	NAME STREET ADDRESS CITY-ST-ZIP	7000345 11/20/0301072	**158.75 **158.75			
TITLE NAME STREET ADDRESS	T. DONADO,CARLOS 1851 NW. 68TH, AVE. BLI		TITLE NAME STREET ADDRESS		# CQ2			
CITY-ST-ZIP TITLE	MINAM EI 33177 S.		CITY-ST-ZEP					
NAME SYREET ADDRESS CITY-ST-ZIP	PACITTI,PHIL 1851 NW. 68TH. AVE. BL MIAMI FL 33122	DG.706	NAME STREET ADDRESS CITY-ST-ZIP	DO NOT	WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. BARETTA, FRANCISCO (15 PADRE BEAUVIOR ARGENTINA	Э,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS S				
Title Name Street adoress City-St-Zip			TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-21P					
12. I hereby of indicated of the correction	certify that the information supplied with on this report or supplemental report is poration or the receiver or/fustee emp in with an address, with all other like en	this filing does not qualify for the c true and accurate and that my sig- lowered to execute this report as i	exemption stated in Sec grature shall have the s required by Chapter 60	tion 119.07(3)(i), Florida Statutes. I ame legal effect as if made under o 17, Florida Statutes; and that my nar	further certify that the information ath; that I am an officer or director ne appears in Block 10 or on an			

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- 21		14	-		,,,,,,	

STAF AIRLINES, S.A. 2121 Ponce de Leon Blvd. Suite 240 Coral Gables, FL. 33134

October 24, 2003

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

To whom it may concern:

Our Accountants have checked the records at the Division of Corporations and found that the 2003 Uniform Business Report (U.B.R) for our company has not been filed.

According to our records we didn't received the 2003 U.B.R form. Enclosed is a completed 2003 U.B.R. and a check for \$158.75. We hereby request an abatement of the filling late penalties.

If you have any questions, please call our accountants Prats Fernandez & Co. at Tel: , (305) 444-8333.

Sincerely,

STAP AIRLINES, S.A.