FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J23171** **(8)**

1. Corporation Name

AA TRANSTOURS, CORP.

Principal Place of Business	Mailing Address
3255 NW 38TH STREET MIAMI FL 33142	3255 NW 38TH STREET MIAMI FL 33142

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 07/09/1986	3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0076438	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

~~CUNHA, VIVIAN DARIO~~
~~4712 S.W. 67 AVE. #G-9~~
~~MIAMI FL 33155~~

10. Name and Address of New Registered Agent

(81) Name: MAURO C. SANTOS, ESQ.
(82) Street Address (P.O. Box Number is Not Acceptable): 25 SE 2nd Avenue, Suite 1235
(83)
(84) City: Miami **FL** (85) Zip Code: 33131

11. Pursuant to the provisions of Sections 607.1622 and 607.1806, 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: Mauro Santos DATE: 2/15/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ ~~CUNHA, CARLOS~~ ~~4712 SW 67TH AVE. #G-9~~ ~~MIAMI FL~~ ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D CUNHA, CARLOS 4712 SW 67th Ave. # G-9 Miami, Florida 33155 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SILVA, JOAO AVE SERNAMBETINA 3600 RIO DE JANNEIRO ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DSP~~ ~~PITA, MARCIA~~ ~~1717 N. BAYSHORE DR. #2436~~ ~~MIAMI FL~~ ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D PITA, MARCIA 1717 N. Bayshore Dr. # 2436 Miami, Florida ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PITA, FRANCISCO AV. COM. JULIO DE MNOURA 160-C BARRA TIJUCA RJ BRAZIL ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	PST OLIVEIRA, ALDERICO 1208 Aguila Ave. Coral Gables, Fl. 33134 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 attached sheet with an address.

SIGNATURE: Alderico G. Oliveira DATE: 02/19/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 634-2888
Daytime Phone #

CR2E034 (12/95)