FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 13 AM 9:45

DOCUMENT # L27429 (4)

1. Corporation Name
DELTA WINGS CORP.

Principal Place of Business
104 CRANDON BLVD #423
KEY BISCAYNE FL 33149

Mailing Address
104 CRANDON BLVD #423
KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/03/1989
3a. Date of Last Report: 05/17/1994

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: 65-0159730 — 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

CORPORATION COMPANY OF MIAMI
100 CHOPIN PLAZA
16TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______ Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHROTH, ENRIQUE
STREET ADDRESS	LUIS FELIPE VIERA 315
CITY ST ZIP	SAN ISIFRO,LIMA,PERU
TITLE	D
NAME	SCHROTH, WALTER
STREET ADDRESS	LUIS FELIPE VIERA 315
CITY ST ZIP	SAN ISIFRO,LIMA,PERU
TITLE	DP
NAME	TRAVERSO, JUAN
STREET ADDRESS	600 GRAPETREE DR, #11DS
CITY ST ZIP	KEY BISCAYNE FL
TITLE	D
NAME	GIURLIZZA, NICOLAS
STREET ADDRESS	L.F. VILLARAN 325
CITY ST ZIP	LIMA PE
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY ST ZIP
2.1 TITLE ☐ Change ☐ Addition / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY ST ZIP
3.1 TITLE ☐ Change ☐ Addition / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY ST ZIP
4.1 TITLE ☐ Change ☐ Addition / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY ST ZIP
5.1 TITLE ☐ Change ☐ Addition / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY ST ZIP
6.1 TITLE ☐ Change ☐ Addition / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY ST ZIP

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 attachment with an address.

SIGNATURE: [signature] Juan Traverso — 1-6-95 — 305-361-2794

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #