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

APPROVED AND FILED
95 MAY -1 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M56938** **(7)**

1. Corporation Name
SAETA AIRLINES, INC.

Principal Place of Business	Mailing Address
C/O JOSEPH GARZOZI 7200 CORPORATE CTR. STE 402 MIAMI FL 33126	C/O JOSEPH GARZOZI 7200 CORPORATE CTR. STE 402 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/07/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 Patricio Suarez A.	26 Patricio Suarez A.
Suite, Apt. #, etc. 22 7200 Corporate Center	Suite, Apt. #, etc. 27 7200 Corporate Ctr.
City & State 23 Miami FL	City & State 28 Miami FL
Zip / Country 24 33126 / 25 USA	Zip / Country 29 33126 / 30 USA

4. FEI Number: 65-0015060 ☐ 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	10. Name and Address of New Registered Agent
GARZOZI, JOSEPH 7200 N.W. 19TH STREET SUITE #402 MIAMI FL 33126	81 Name: PATRICIO SUAREZ A. 82 Street Address (P.O. Box Number is Not Acceptable): same 83: same 84 City: same FL 85 Zip Code: same

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 _____ (If changing Registered Agent, this form must be signed by the new agent) (If Registered Agent is a corporation, this form must be signed by an officer where indicated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	☐ Change ☐ Addition	
NAME	DUNN BARREIRO, ROBERTO	12 NAME		
STREET ADDRESS	KM 2 1/2 AV.CJ AROSEMENA	13 STREET ADDRESS		
CITY ST ZIP	GUAYAQUIL, ECUADOR	14 CITY ST ZIP		
TITLE	D	21 TITLE	☐ Change ☐ Addition	
NAME	SUAREZ, A. PATRICIO	22 NAME		
STREET ADDRESS	7200 CORPORATE CENTER	23 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP		
TITLE	DVP	31 TITLE	☐ Change ☐ Addition	
NAME	DUNN S., ROBERTO	32 NAME		
STREET ADDRESS	7200 CORPORATE CENTER	33 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP		
TITLE	DVP	41 TITLE	☒ Change ☐ Addition	
NAME	SCHVARTZMAN, RAFAEL	42 NAME	Eliminate DVP	
STREET ADDRESS	7200 CORPORATE CENTER	43 STREET ADDRESS	Schvartzman, Rafael	
CITY ST ZIP	MIAMI FL 33126	44 CITY ST ZIP		
TITLE	DVP	51 TITLE	☒ Change ☐ Addition	
NAME	GARZOZI JOSEPH	52 NAME	DVP	
STREET ADDRESS	7200 CORPORATE CENTER	53 STREET ADDRESS	INTRIAGO D., MAURO	
CITY ST ZIP	MIAMI FL 33126	54 CITY ST ZIP	7200 Corporate Center Miami, Fl. 33126	
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 added to attachment with an address.

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

0123008 CP