FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # M56938 (7)

1. Corporation Name

SAETA AIRLINES,INC.

Principal Place of Business	Mailing Address
C/O PATRICIO SUAREZ 7200 N.W. 19 St. #402 Miami, Fl 33126	C/O PATRICIO SUAREZ 7200 N.W. 19 St. #402 Miami, Fl 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/07/1987
3a. Date of Last Report: 05/01/95
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

2. Principal Place of Business	2a. Mailing Address
21 PATRICIO SUAREZ	26 PATRICIO SUAREZ
Suite, Apt. #, etc. 22 7200 N.W. 19 St. #402	Suite, Apt. #, etc. 27 7200 N.W. 19 St.#402
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip / Country 24 33126 / 25 USA	Zip / Country 29 33126 / 30 USA

9. Name and Address of Current Registered Agent

PATRICIO SUAREZ
7200 N.W. 19th St.
SUITE #402
Miami, Fl. 33126

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

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 N.W. 19 St. #402	23 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl 33126	24 CITY-ST-ZIP	
TITLE	DVP	31 TITLE	☐ Change ☐ Addition
NAME	DUNN S.,ROBERTO	32 NAME	
STREET ADDRESS	7200 N.W. 19 St. #402	33 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl 33126	34 CITY-ST-ZIP	
TITLE	DVP	41 TITLE	☐ Change ☐ Addition
NAME	INTRIAGO D.,MAURO	42 NAME	
STREET ADDRESS	7200 N.W. 19 St. #402	43 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33126	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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-06/17/96--01019--024
***225.00

000001863080
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***8.75

6-14-96

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)(k), 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: _____ PATRICIO SUAREZ 05/31/96 305-477-2104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DIRECTOR