

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00
AMENDED ANNUAL REPORT

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 DEC 17 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M56938
1. Corporation Name

SAETA AIRLINES, INC.

Principal Place of Business Mailing Address
7200 N.W. 19 Street #402 (same)
Miami, Florida 33126
c/o Mr. Patricio Suarez

| | | | |
|--------------------------------|---------------------|---------------------|---------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. |
| 22 | City & State | 27 | City & State |
| 23 | Zip | 28 | Zip |
| 24 | Country | 29 | Country |

| | |
|--|--|
| 3. Date Incorporated or Qualified 8/7/87 | 3a. Date of Last Report June, 1996 |
| 4. FEI Number 65-0015060 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

Patricio Suarez
7200 N.W. 19 Street #402
Miami, Florida 33126

10. Name and Address of New Registered Agent

| | |
|----|---|
| 81 | Name Andrew B. Rosenblatt, Esq. |
| 82 | Street Address (P.O. Box Number is Not Acceptable) First Union Financial Center #2710 |
| 83 | 200 S. Biscayne Blvd. |
| 84 | City Miami |
| 85 | Zip Code FL 33131 |

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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | DUNN BARREIRO, ROBERTO | |
| STREET ADDRESS | KM 2 1/4 Av. CJ AROSEMENA | |
| CITY-ST-ZIP | GUAYAQUIL, ECUADOR | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SUAREZ, PATRICIO | |
| STREET ADDRESS | 7200 N.W. 19 STREET, #402 | |
| CITY-ST-ZIP | MIAMI, FLORIDA 33126 | |
| TITLE | DVP | <input type="checkbox"/> DELETE |
| NAME | DUNN S., ROBERTO | |
| STREET ADDRESS | 7200 N.W. 19 STREET #402 | |
| CITY-ST-ZIP | MIAMI, FLORIDA 33126 | |
| TITLE | DVP | <input type="checkbox"/> DELETE |
| NAME | INTRIAGO D., MAURO | |
| STREET ADDRESS | 7200 N.W. 19 STREET, #402 | |
| CITY-ST-ZIP | MIAMI, FLORIDA 33126 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | 000002036990--6 |
| 2.1 TITLE | -12/24/96--01082--017 |
| 22 NAME | *****61.25 *****61.25 |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 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)(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, changed, or on an attachment with an address.

SIGNATURE

PATRICIO SUAREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/96

Date

(305) 477-2104

Daytime Phone #

x446

CR2E034 (12/95)