

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 23 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M56938 (7)

1. Corporation Name  
SAETA AIRLINES, INC.

Principal Place of Business

C/O PATRICIA SUAREZ  
7200 N.W. 19TH ST. #402  
MIAMI FL 33126  
US

Mailing Address

C/O PATRICIA SUAREZ  
7200 N.W. 19TH ST. #402  
MIAMI FL 33126  
US

2. Principal Place of Business

21 Patricio Suarez

22 Suite, Apt. #, etc.  
7200 N.W. 19th St. #510

23 City & State  
Miami, FL

24 Zip  
33126

25 Country  
USA

2a. Mailing Address

26 Patricio Suarez

27 Suite, Apt. #, etc.  
7200 NW 19th St. #510

28 City & State  
Miami, FL

29 Zip  
33126

30 Country  
USA

3. Date Incorporated or Qualified

08/07/1987

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 owes or has paid the current year Intangible

Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROSENBLATT, ESO., ANDREW B  
FIRST UNION FINANCIAL CENTER #2710  
200 S. BISCAYNE BLVD.  
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 ☐ DELETE

NAME  
DUNN BARREIRO, ROBERTO  
STREET ADDRESS  
KM 2 1/4 AV.CJ AROSEMENA  
CITY - ST - ZIP  
GUAYAQUIL, ECUADOR

TITLE ☐ DELETE

NAME  
SUAREZ, PATRICIO  
STREET ADDRESS  
7200 NW 19TH ST. #402  
CITY - ST - ZIP  
MIAMI FL 33126

TITLE ☐ DELETE

NAME  
DUNN, ROBERTO S  
STREET ADDRESS  
7200 NW 19TH ST. #402  
CITY - ST - ZIP  
MIAMI FL 33126

TITLE ☐ DELETE

NAME  
INTRIAGO, MAURO D  
STREET ADDRESS  
7200 NW 19TH ST. #402  
CITY - ST - ZIP  
MIAMI FL 33126

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

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 hereby certify that the information supplied with this filing 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:

3/16/98

CR2E034 (10/97)