

704000006354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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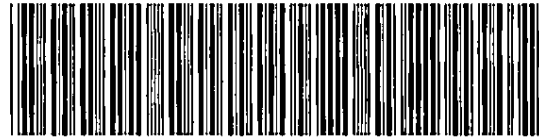
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ASOCIACION LATINOAMERICANA DE TRANSPORTE AEREO, CORP  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**CLAUDIA C. NASCIMENTO**

\_\_\_\_\_  
(Name of Person)

**ALTA**

\_\_\_\_\_  
(Name of Firm/Company)

**6355 NW 36th STREET, SUITE 601**

\_\_\_\_\_  
(Address)

**MIAMI/FL 33166**

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**CLAUDIA C. NASCIMENTO** at **(786) 388-0222**  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

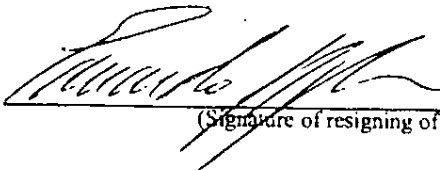
**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION

I, EDUARDO J. IGLESIAS, hereby resign as PRESIDENT  
(Title)

ASOCIACION LATINOAMERICANA DE TRANSPORTE AEREO, CORP.  
(Name of Corporation)

\_\_\_\_\_, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

  
(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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