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

FILED
95 JUN -1 AM 10:17

DOCUMENT # P00568 (6)

1. Corporation Name
APA INTERNATIONAL AIR, S.A.

Principal Place of Business
6405 NW 18 ST.
P O BOX 524039
MIAMI FL 33152

Mailing Address
C/O T F C MGMT CORP
7270 NW 12 ST. #680
MIAMI FL 33126
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1984
3a. Date of Last Report: 07/19/1994

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-1425352 ☐ 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**

RODRIGUEZ, JORGE L
4481 N.W. 36 ST.
MIAMI SPRINGS FL 33166

10. **Name and Address of New Registered Agent**

81 Name: RODRIGUEZ, JORGE L.
82 Street Address (P.O. Box Number is Not Acceptable): 7205 N.W. 19th ST., Ste. 303
83
84 City: Miami FL 85 Zip Code: 33126

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	☒ XX Change ☐ Addition
NAME	LOVATON, RAFAEL T	1 2 NAME	AVENIDA 27 DE FEBRERO
STREET ADDRESS	CALLE MIJO #6, LOS RIOS	1 3 STREET ADDRESS	ESQ.AVENIDA TIRADENTES PLAZA MERENGUE
CITY ST ZIP	S. DOMINGO, DOM.REP.	1 4 CITY ST ZIP	2DO PISO, SANTO DOMINGO DOM.REP.
TITLE	VD	2 1 TITLE	☒ XX Change ☐ Addition
NAME	QUIRICO, TULIO	2 2 NAME	AVENIDA 27 DE FEBRERO, ESQ.
STREET ADDRESS	CALLE MIJO #6, LOS RIOS	2 3 STREET ADDRESS	AVENIDA TIRADENTES, PLAZA MERENGUE, 2DO
CITY ST ZIP	S. DOMINGO, DOM.REP.	2 4 CITY ST ZIP	PISO, SANTO DOMINGO DOM.REP.
TITLE	D	3 1 TITLE	☐ Change ☐ Addition
NAME	PIANTINI, YOLANDA T	3 2 NAME	DELETE
STREET ADDRESS	C. COM. EMBAJADOR GDNS	3 3 STREET ADDRESS	
CITY ST ZIP	S. DOMINGO, DOM. REP.	3 4 CITY ST ZIP	
TITLE	VS	4 1 TITLE	☒ XX Change ☐ Addition
NAME	RODRIGUEZ, JORGE	4 2 NAME	7205 N.W. 19th ST., STE. 303
STREET ADDRESS	1440 SW 102 PLACE	4 3 STREET ADDRESS	MIAMI, FLORIDA 33126
CITY ST ZIP	MIAMI FL	4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 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 if changed, or on an attachment with an address.

SIGNATURE: Jorge L. [signature] Jorge L. Rodriguez 5/5/95 305-470-7640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0122010 CP