FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
97 OCT 13 PM 12:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00568

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

W97-22697

REINSTATEMENT 96-97 AR

Principal Place of Business	Mailing Address
P.O. Box 524039 Miami, FL 33152	APA INTERNATIONAL AIR,S.A. P.O. Box 524039 Miami, FL 33152 US

3. Date Incorporated or Qualified: 01/12/1984
3a. Date of Last Report: 1995

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc — 27

City & State — 23
City & State — 28

Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 58-1425352 ☐ 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

JORGE L. RODRIGUEZ
657 SOUTH DRIVE
MIAMI SPRINGS,FL. 33166

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 Section 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 Jorge L. Rodriguez 10-1-97
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 ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TRUJILLO, RAFAEL	1.2 NAME	30000232113 3---4
STREET ADDRESS	444 Daroco	1.3 STREET ADDRESS	-10/15/97--01087--001
CITY-ST-ZIP	Coral Gables, FL 33146	1.4 CITY-ST-ZIP	****915.00 ****915.00
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	QUIRICO, TULIO /2do.piso	2.2 NAME	
STREET ADDRESS	Ave. Tiradentes, Plaza Merengue, /	2.3 STREET ADDRESS	
CITY-ST-ZIP	Santo Domingo, Dominican Republic	2.4 CITY-ST-ZIP	
TITLE	VS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, JORGE L.	3.2 NAME	
STREET ADDRESS	1440 S.W. 102 Place	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33174	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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. Rodriguez — Jorge L. Rodriguez — 2/12/96 — 305-805-0425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #