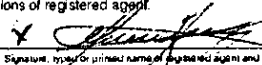
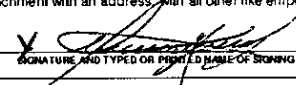


FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90174 040 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000090838			
1. Entity Name AEROEXPRESS COMMUNICATION, INC.			
Principal Place of Business 8315 NW 64TH ST., BAY #3 MIAMI, FL 33166		Mailing Address 8315 NW 64TH ST., BAY #3 MIAMI, FL 33166	
2. Principal Place of Business 9880 SW 88 ST		3. Mailing Address SAME	
Suite, Apt. #, etc. H-228		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33176	Country MIAMI-DADE	Zip	Country
4. FEI Number 22-3871085		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMIREZ, MARCOS 8315 NW 64TH ST., BAY #3 MIAMI, FL 33166		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 04/21/03 Signature, typed or printed name of registered agent and date of application. (NOTE: Registered Agent's signature required when withdrawing.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME CORREA, LUZ STREET ADDRESS EDIF ASKAIN, PISO 1, OFIC. R-1 CITY-ST-ZIP CHACAITO, VENEZUELA, ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE VD NAME RAMIREZ, JULIO STREET ADDRESS EDIF ASKAIN, PISO 1, OFIC. R-1 CITY-ST-ZIP CHACAITO, VENEZUELA, ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE 04/21/03 (305) 271-8454	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/02)