SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Sep 15, 1999 8:00 am
Secretary of State

09-15-1999 90011 029 ***558.75

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03038

1. Corporation Name

TRANSPORTES AEREOS MERCANTILES PANAMERICANOS, S. A.

Principal Place of Business	Mailing Address
6440 NW 18TH ST MIAMI FL 33152	PO BOX 524235 MIAMI FL 33152

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/14/1984

2. Principal Place of Business	2a. Mailing Address
21 1650 NW 66 Ave	26 P.O. Box 524235
Suite, Apt. #, etc. 22 building 708	Suite, Apt. #, etc. 27
City & State 23 Miami, FL 33152	City & State 28 Miami, FL 33152-4235
Zip 24 33152 / Country 25 USA	Zip 29 33152-4235 / Country 30 USA

4. FEI Number: 59-1908878 ☐ 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 the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JARVIS, JAMES W. JARVIS, ROFFINO & VILLASANTE 550 BILTMORE WAY, SUITE 830 MIAMI FL 33134	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CAMPILLO, ANTONIO		1.2 NAME		
STREET ADDRESS	CRA. 76 NO. 34A-61		1.3 STREET ADDRESS		
CITY-ST-ZIP	MEDELLIN, COLOMBIA		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	JACOBSEN, FRED		2.2 NAME	JACOBSEN, FRED	
STREET ADDRESS	CRA. 76 NO. 34A-61		2.3 STREET ADDRESS	CRA. 76 No. 34A-61	
CITY-ST-ZIP	MEDELLIN, COLUMBIA		2.4 CITY-ST-ZIP	MEDELLIN, COLOMBIA	
TITLE	CS	☒ DELETE	3.1 TITLE	CS	☐ Change ☒ Addition
NAME	JUAN CARLOS SALAZAR		3.2 NAME	PALACIOS, ADRIANA	
STREET ADDRESS	CRA. 76 NO. 34A-61		3.3 STREET ADDRESS	CRA. 76 No. 34A-61	
CITY-ST-ZIP	MEDELLIN, COLOMBIA		3.4 CITY-ST-ZIP	MEDELLIN, COLOMBIA	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	CALIS, LUBERTUS		4.2 NAME	BUITRAGO, PEDRO FELIPE	
STREET ADDRESS	CRA. 76 NO. 34A-61		4.3 STREET ADDRESS	CRA. 76 No. 34A-61	
CITY-ST-ZIP	MEDELLIN, COLOMBIA		4.4 CITY-ST-ZIP	MEDELLIN, COLOMBIA	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DE GREIFF, JUAN C .		5.2 NAME		
STREET ADDRESS	CRA. 76 NO. 34A-61		5.3 STREET ADDRESS		
CITY-ST-ZIP	MEDELLIN, COLOMBIA		5.4 CITY-ST-ZIP		
TITLE	FC	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	LEONARDUS ZWINKELS		6.2 NAME	ZWINKELS, LEONARDUS	
STREET ADDRESS	CRA 76 NO 34A-61		6.3 STREET ADDRESS	CRA. 76 No. 34A-61	
CITY-ST-ZIP	MEDELLIN CO		6.4 CITY-ST-ZIP	MEDELLIN, COLOMBIA	

CR2E034 (5/99)

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: SIGNATURE REQUIRED 09/03/99 (305) 894 1610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #