

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

DOCUMENT # **P33131 (4)**
1. Corporation Name
VIACAO AEREA SAO PAULO S.A.



Principal Place of Business: **1608 NW 70TH AVE MIAMI FL 33136-440 US**
Mailing Address: **1608 NW 70TH AVE MIAMI FL 33136-440 US**

3. Date Incorporated or Qualified: **03/12/1991**
3a. Date of Last Report: **09/05/1995**
4. FEI Number: **52-1723430**
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

2. Principal Place of Business: 21
2a. Mailing Address: 26
22. Suite, Apt. #, etc.: 27
23. City & State: 28
24. Zip: 25 Country: 29

9. Name and Address of Current Registered Agent

**ANDREW SERVICE CORPORATION OF FLORIDA
201 S. BISCAYNE BLVD.
2900 MIAMI CENTER
MIAMI FL 33131**

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 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: _____
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	AZEVEDO, WAGNER C	
STREET ADDRESS	AEROPORTO DE CONGOHAS	
CITY- ST- ZIP	SAN PAULO, BRAZIL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	AZEVEDO, ULISSES C	
STREET ADDRESS	AEROPORTO DE CONGOHAS	
CITY- ST- ZIP	SAN PAULO, BRAZIL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	AZEVEDO, CESAR C	
STREET ADDRESS	AEROPORTO DE CONGOHAS	
CITY- ST- ZIP	SAN PAULO, BRAZIL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	RIBEIRO, JOSE	
STREET ADDRESS	AEROPORTO DE CONGOHAS	
CITY- ST- ZIP	SAN PAULO, BRAZIL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REGO, ANTONIO	
STREET ADDRESS	AEROPORTO DE CONGOHAS	
CITY- ST- ZIP	SAN PAULO, BRAZIL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OSVALDO, MORAES	
STREET ADDRESS	AEROPORTO DE CONGOHAS	
CITY- ST- ZIP	SAN PAULO, BRAZIL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	AZEVEDO, RODOLFO	
1.3 STREET ADDRESS	1608 N.W. 70th Ave.	
1.4 CITY- ST- ZIP	Miami, FL 33126-1312	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GARGIONI, TARCISIO	
2.3 STREET ADDRESS	AEROPORTO DE CON GONHAS	
2.4 CITY- ST- ZIP	SAO PAULO - S.P. BRAZIL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FERREIRA, WAGNER	
3.3 STREET ADDRESS	AEROPORTO DE CONGONHAS	
3.4 CITY- ST- ZIP	SAO PAULO - SP BRAZIL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, 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]* **March 5, 1996 (305) 594-0444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/In Phone #

CR2E034 (12/95)