

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33131

1. Entity Name
VIACAO-AEREA SAO PAULO S.A.

FILED
00 AUG 10 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4000 WEST FLAGLER ST
MIAMI FL 33134-1610
US

Mailing Address
4000 W. FLAGLER ST/
MIAMI FL 33134-1610
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 52-1723430		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
ANDREW SERVICE CORPORATION OF FLORIDA 201 S. BISCAYNE BLVD. 2900 MIAMI CENTER MIAMI FL 33131				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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AZEVEDO, WAGNER C AEROPORTO DE CONGOHAS SAN PAULO, BRAZIL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100003364291--8 -08/18/00--01054--015 *****8.75 *****8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AZEVEDO, RODOLFO C 4000 W FLAGLER ST MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100003364291--8 -08/18/00--01054--016 ****415.00 ****415.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AZEVEDO, CESAR C AEROPORTO DE CONGOHAS SAN PAULO, BRAZIL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100003364291--8 -08/18/00--01054--017 ****135.00 ****135.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RIBEIRO, JOSE AEROPORTO DE CONGOHAS SAN PAULO, BRAZIL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (5/00)

SP