

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P33131**  
 1. Entity Name  
**VIACAO AEREA SAO PAULO S.A.**

Principal Place of Business      Mailing Address  
**4000 WEST FLAGLER ST**      ~~4000 W. FLAGLER ST~~  
**MIAMI FL 33134-1610**      ~~MIAMI FL 33134-1610~~  
 US      US

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
        **3400 CORAL WAY**  
        **#600**

City & State      City & State  
        **Miami, FLA**

Zip      Country      Zip      Country  
**33145-3053**      **DADE**

4. FEI Number      Applied For  
**52-1723430**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**C/O CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND RD.**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name **DIAZCORP**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3400 CORAL WAY #600**  
 City **Miami**      FL      Zip Code **33145-3053**

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  **FRANK DIAZ, Pres / DIAZCORP**      DATE **11/7/01**  
Signature, typed or printed name of registered agent and title if applicable. (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)


**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AZEVEDO, WAGNER C</b>	NAME	
STREET ADDRESS	<b>AEROPORTO DE CONGOHAS</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SAN PAULO, BRAZIL</b>	CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AZEVEDO, RODOLFO C</b>	NAME	
STREET ADDRESS	<b>4000 W FLAGLER ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AZEVEDO, CESAR C</b>	NAME	
STREET ADDRESS	<b>AEROPORTO DE CONGOHAS</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SAN PAULO, BRAZIL</b>	CITY-ST-ZIP	
TITLE	<b>VSD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIBEIRO, JOSE</b>	NAME	
STREET ADDRESS	<b>AEROPORTO DE CONGOHAS</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SAN PAULO, BRAZIL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **WAGNER C. AZEVEDO, P.**      DATE **11/7/01**      DAYTIME PHONE # **305-389-5010**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

102  
 FILED  
 01 NOV 13 AM 10:23  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  


DO NOT WRITE IN THIS SPACE

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Vireas Aeroa Sao Paulo, S.A.  
DOC.# P33131

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11/7/01

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

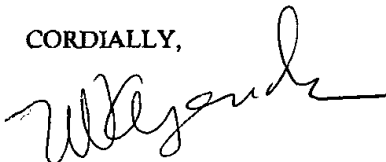
TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT.

CORDIALLY,



PRESIDENT