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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P38926** (2)
1. Corporation Name
AEROLINEAS CENTRALES DE COLOMBIA S.A. (ACES)



Principal Place of Business
**C/O PENINSULA REGISTERED AGENTS, INC.
EDIFICIO CAFE - PISO 30-34
131CLIN AN 33131
US**

Mailing Address
**6303 BLUE LAGOON DRIVE
135
MIAMI FL 33126-6003
US**

3. Date Incorporated or Qualified
05/22/1992

3a. Date of Last Report
02/27/1996

4. FEI Number
98-0123307

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

9. Name and Address of Current Registered Agent
**PENINSULA REGISTERED AGENTS, INC.
200 S.E. FIRST STREET (PH)
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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature typed or printed name of registered agent and title if applicable _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSADA, JUAN EMILIO	1.2 NAME	
STREET ADDRESS	CALLE 49 #50-21, PISO 34	1.3 STREET ADDRESS	
CITY-ST-ZIP	MEDELLIN, COLOMBIA	1.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URREA, ALVARO MARTINEZ	2.2 NAME	
STREET ADDRESS	CALLE 49, #50-21, PISO 34	2.3 STREET ADDRESS	
CITY-ST-ZIP	MEDELLIN, COLOMBIA	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASQUEZ, GLORIA	3.2 NAME	
STREET ADDRESS	CALLE 49, #50-21, PISO 34	3.3 STREET ADDRESS	
CITY-ST-ZIP	MEDELLIN, COLOMBIA	3.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTRADA, MARIO GOMEZ	4.2 NAME	
STREET ADDRESS	CALLE 49, #50-21, PISO 34	4.3 STREET ADDRESS	
CITY-ST-ZIP	MEDELLIN, COLOMBIA	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEJIA, FABIO MEJIA	5.2 NAME	Diego DeBedout
STREET ADDRESS	CALLE 49, #50-21, PISO 34	5.3 STREET ADDRESS	Calle 49#50-21, P.34
CITY-ST-ZIP	MEDELLIN, COLOMBIA	5.4 CITY-ST-ZIP	Medellin Colombia
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANTILLA, LUIS F. A.	6.2 NAME	
STREET ADDRESS	CALLE 49, #50-21, PISO 34	6.3 STREET ADDRESS	
CITY-ST-ZIP	MEDELLIN, COLOMBIA	6.4 CITY-ST-ZIP	

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)

170