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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  
131CLJN 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 30

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) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **P POSADA, JUAN EMILIO**

STREET ADDRESS **CALLE 49 #50-21, PISO 34**

CITY-ST-ZIP **MEDELLIN, COLOMBIA**

TITLE  DELETE

NAME **VS URREA, ALVARO MARTINEZ**

STREET ADDRESS **CALLE 49, #50-21, PISO 34**

CITY-ST-ZIP **MEDELLIN, COLOMBIA**

TITLE  DELETE

NAME **T VASQUEZ, GLORIA**

STREET ADDRESS **CALLE 49, #50-21, PISO 34**

CITY-ST-ZIP **MEDELLIN, COLOMBIA**

TITLE  DELETE

NAME **CD ESTRADA, MARIO GOMEZ**

STREET ADDRESS **CALLE 49, #50-21, PISO 34**

CITY-ST-ZIP **MEDELLIN, COLOMBIA**

TITLE  DELETE

NAME **D MEJIA, FABIO MEJIA**

STREET ADDRESS **CALLE 49, #50-21, PISO 34**

CITY-ST-ZIP **MEDELLIN, COLOMBIA**

TITLE  DELETE

NAME **D MANTILLA, LUIS F. A.**

STREET ADDRESS **CALLE 49, #50-21, PISO 34**

CITY-ST-ZIP **MEDELLIN, COLOMBIA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME **D**

5.3 STREET ADDRESS **Diego DeBedout**

5.4 CITY-ST-ZIP **Calle 49#50-21, P.34 Medellin Colombia**

6.1 TITLE  Change  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 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)

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