

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 30-34 131 CLIN AN 33131 US	Mailing Address 6303 BLUE LAGOON DRIVE 135 MIAMI FL 33126 US cto. # 524015 e de cosco 460630
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3785 N.W. 82 AVE. Suite, Apt. #, etc. 22 SUITE 211 City & State 23 MIAMI, FLORIDA Zip 24 33166		2a. Mailing Address 26 3785 N.W. 82 AVE. Suite, Apt. #, etc. 27 SUITE 211 City & State 28 MIAMI, FLORIDA Zip 29 M 33166		3. Date Incorporated or Qualified 05/22/1992	
25 USA		30 USA		4. FEI Number 98-0123307	
5. Certificate of Status Desired ☐		8.75 Additional Fee Required		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution ☐		5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent PENINSULA REGISTERED AGENTS, INC. cto. # 302078 200 S.E. FIRST STREET (PH) MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name JANICE SANTIAGO 82 Street Address (P.O. Box Number is Not Acceptable) 3785 N.W. 82 AVENUE 83 SUITE 211 84 City MIAMI FL 85 Zip Code 33166	
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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 *Janice Santiago* JANICE SANTIAGO 02/03/98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ 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	2.1 TITLE	☐ Change ☐ 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	3.1 TITLE	☐ Change ☐ 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	4.1 TITLE	☐ Change ☐ 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	5.1 TITLE	☐ Change ☐ Addition
NAME	DEBEDOUT, DIEGO	5.2 NAME	
STREET ADDRESS	CALLE 49 #50-21, P.34	5.3 STREET ADDRESS	
CITY-ST-ZIP	MEDELLIN, COLOMBIA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ 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 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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/03/98

Date

Daytime Phone #

0173433

CFR2034 (10/97)