

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90009 002 ***150.00

DOCUMENT # P38926

1. Entity Name
AEROLINEAS CENTRALES DE COLOMBIA S.A. (ACES)

Principal Place of Business Mailing Address
3625 N.W 82ND AVE 3625 N.W 82ND AVE
SUITE 211 SUITE 211
MIAMI FL 33166 MIAMI FL 33166
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **98-0123307** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHIRE, RHONDA
3625 N.W 82ND AVE
SUITE 211
MIAMI FL 33166

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 ☐ Delete
 NAME **P**
 STREET ADDRESS **POSADA, JUAN EMILIO**
 CITY-ST-ZIP **CALLE 10 SUR 50C-75**
MEDELLIN, COLOMBIA

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **VEGA, MAURICIO**
 CITY-ST-ZIP **CALLE 10 SUR 50C-75**
MEDELLIN, COLOMBIA

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **VASQUEZ, GLORIA**
 CITY-ST-ZIP **CALLE 10 SUR 50C-75**
MEDELLIN, COLOMBIA

TITLE ☐ Change ☐ Addition
 NAME **T**
 STREET ADDRESS **CIENFUEGOS, LILIANA**
 CITY-ST-ZIP **CALLE 10 SUR 50C-75**
MEDELLIN, COLOMBIA

TITLE ☐ Delete
 NAME **CD**
 STREET ADDRESS **ESTRADA, MARIO GOMEZ**
 CITY-ST-ZIP **CALLE 10 SUR 50C-75**
MEDELLIN, COLOMBIA

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RHONDA SHIRE, REGIONAL MANAGER

01/23/2002 (305) 265-1292
 Date Daytime Phone #

CR2E034 (9/01)