

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

FILED  
May 01 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 # P40304 (8)

1. Corporation Name  
AEROVIA DE MEXICO, S.A. DE C.V.

Principal Place of Business  
13405 NORTHWEST FREEWAY, SUITE 140  
HOUSTON TX 77040

Mailing Address  
13405 NORTHWEST FREEWAY, SUITE 140  
HOUSTON TX 77040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/02/1992	
21		26		4. FEI Number 65-0071171	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
STINSON, LIONEL A. 899 PONCE DE LEON BLVD SUITE 100 CORAL GABLES FL 33134				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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTENS, ERNESTO	1.2 NAME	
STREET ADDRESS	PASEO DE LA REFORMA	1.3 STREET ADDRESS	
CITY - ST - ZIP	COL CUAUHTEMOC 06500 MEXICO DF	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASQUEL, ALFONSO	2.2 NAME	
STREET ADDRESS	PASEO DE LA REFORMA 445	2.3 STREET ADDRESS	
CITY - ST - ZIP	MEXICO D.	2.4 CITY - ST - ZIP	
TITLE	Y	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAZQUEZ, HECTOR	3.2 NAME	
STREET ADDRESS	PASEO DE LA REFORMA 445	3.3 STREET ADDRESS	
CITY - ST - ZIP	MEXICO D.	3.4 CITY - ST - ZIP	
TITLE	DSVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE RAFAEL ROBLES DIAZ	4.2 NAME	
STREET ADDRESS	13405 NORTHWEST FREEWAY, SUITE 140	4.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX 77040	4.4 CITY - ST - ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARAHORA, ARTURO	5.2 NAME	
STREET ADDRESS	PASEO DE LA REFORMA	5.3 STREET ADDRESS	
CITY - ST - ZIP	MEXICO D.	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 attachment with an address.

SIGNATURE:

CR2E034 (10/97)