


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2008 8:00 am
Secretary of State

09-02-2008 90031 024 ***150.00

DOCUMENT # P40304	
1. Entity Name AEROVIAS DE MEXICO, S.A. DE C.V.	

Principal Place of Business 3663 N SAM HOUSTON PKWY E SUITE 500 HOUSTON, TX 77032 US	Mailing Address 3663 N SAM HOUSTON PKWY E SUITE 500 HOUSTON, TX 77032 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



06262008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0071171	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PARRA, GABRIEL 2655 LEJEUNE RD SUITE 600 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Two Alhambra Plaza Suite 102 City Coral Gables FL Zip Code 33134
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Gabriel Parra DATE 6/26/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONESA-LABASTIDA, ANDRES PASEO DE LA REFORMA 445 MEXICO, D.F. 06500 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAZQUEZ, HECTOR PASEO DE LA REFORMA 445 MEXICO, DF <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP OLIVARES DUFOO, EDMUNDO PASEO DE LA REFORMA 445 MEXICO, DF <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CUEBAS, FRANCISCO PASEO DE LA REFORMA 445 MEXICO D.F. 06500 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Francisco Cuevas
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C QUANT, JOSE F 3663 N. SAM HOUSTON PKWY E. STE 500 HOUSTON, TX 77032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, a trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Jose F. Quant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/2008 281-372-3422
Date Daytime Phone #