Applied For Not Applicable

\$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

□No

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

PROFIT CORPORATION ANNUAL REPORT 1999

24



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # PO300073967

Country

9. Name and Address of Current Registered Agent

25

GARCIA, CARLOS

1. Corporation Name VIASA EXPRESS, INC.	000070007	
Principal Place of Business	Mailing Address	
3540 N.W. 72 AVE. MIAMI FL 33122 US	3540 N.W. 72 AVE. MIAM! FL 33122 US	
Principal Place of Business 1	2a. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

28

29

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90101 019 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

10/26/1993 4. FEI Number

65-04906<u>96</u>

5. Certifcate of Status Desired

Trust Fund Contribution

Personal Property Tax.

82 Street Address (P.O. Box Number is Not Acceptable)

Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

265 SEVILLA AVENUE			Į	Į.						
COR	AL GABLES FL 33134		8	3						
			8	4 City				EL 8	5 Zip C	ode
office or re	to the provisions of Sections 607.0502 and 607 agistered agent, or both, in the State of Florida. In familiar with, and accept the obligations of, S	Such change was at	uthorized b	y the corp	corporation s oration's boar	submits this state rd of directors. It	ment for the purpose	of char	nging its i ent as reg	registered jistered
SIGNATURE	Signature, typed or printed name of registered agent and title if ag	onlianhin /NOVE	Pagistered An	ent signature	required when rein	etating)	DATE			
12.	OFFICERS AND DIRECT		13.	ent signature			GES TO OFFICERS		IRECTO	RS IN 12
TTLE	D OF FORTING SIND BIRES	DELETE	1.1 TITLE			\$			Change	Addition
AME	DIELINGEN, ANDRES E		1.2 NAME	į	'	_		,		
TREET ADDRESS	3540 NW 72 AVENUE		1.3 STRE	ET ADDRESS						
ITY-ST-ZIP	MIAMI FL 33122		1.4 CITY-	ST-ZIP						
TLE	D	☐ DELETE	2.1 TITLE		UP T	•		X	Change	Additio
AME	DIELINGEN. MARIANELLA		2.2 NAME	i						
TREET ADORESS	3540 NW 72 AVENUE		2.3 STRE	ET ADDRESS						
ITY-ST-ZIP	MIAMI FL 33122		2. 4 CITY	-ST-ZiP	İ					
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AME			3.2 NAME	:						
TREET ADDRESS			3.3 STRE	ET ADDRESS	<u> </u>					
ITY-ST-ZIP			3.4. CITY	-ST-ZIP						
TTLE		☐ DELETE	4.1 TITLE						Change	☐ Additio
IAME			4. 2 NAM	E						
TREET ADDRESS			4.3 STRE	ET ADDRESS						
ITY-ST-ZIP			4.4 CITY-	ST-ZIP						
ITLE		☐ DELETE	5.1 TITLE						Change	Additio
IAME			5.2 NAME							
TREET ADDRESS			5.3 STRE	ET ADDRESS						
ITY-ST-ZIP			5.4 CITY-	ST-ZIP			,			
TLE		☐ DELETE	6.1 TITLE						Change	Additio
AME			6.2 NAME							
TREET ADDRESS			6.3 STRE	ET ADDRESS						
CITY-ST-ZIP			64 CITY-	ST-ZIP	1					

Country

81 Name

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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 address, with all other like empowered.

SIGNATURE: