

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000077353 (8)**
1. Corporation Name
SOUTH AMERICAN AIRFREIGHT EXPORT CORPORATION



Principal Place of Business 7325 NW 54ST BAY #35 MIAMI FL 33166 US	Mailing Address 5101 COLLINS AV 11A MIAMI BCH FL 33140 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	3. Date Incorporated or Qualified 10/21/1994	3a. Date of Last Report 04/29/1996
		4. FEI Number 65-0528320	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		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	

9. Name and Address of Current Registered Agent PEREZ, JOSE I 2000 S. DIXIE HWY SUITE 100 MIAMI FL 33133		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PS	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROJAS, NESTOR IRALA		1.2 NAME Dora LOPEZ IRALA	
STREET ADDRESS CALLE GUATEMALA 4948 SAN JUSTO PROV.		1.3 STREET ADDRESS 5101 Collins Avenue, Apt. # 11A	
CITY-ST-ZIP BUENOS AIRES 1754 ARGENTINA		1.4 CITY-ST-ZIP Miami Beach, Florida 33140 USA	
TITLE (Note above changed address).	<input type="checkbox"/> DELETE	2.1 TITLE P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME (Note above changed address).		2.2 NAME Nestor IRALA ROJAS	
STREET ADDRESS (Note above changed address).		2.3 STREET ADDRESS 5101 Collins Avenue, Apt. # 11A	
CITY-ST-ZIP (Note above changed address).		2.4 CITY-ST-ZIP Miami Beach, Florida 33140 USA	
TITLE (Note above changed address).	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME (Note above changed address).		3.2 NAME	
STREET ADDRESS (Note above changed address).		3.3 STREET ADDRESS	
CITY-ST-ZIP (Note above changed address).		3.4 CITY-ST-ZIP	
TITLE (Note above changed address).	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME (Note above changed address).		4.2 NAME	
STREET ADDRESS (Note above changed address).		4.3 STREET ADDRESS	
CITY-ST-ZIP (Note above changed address).		4.4 CITY-ST-ZIP	
TITLE (Note above changed address).	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME (Note above changed address).		5.2 NAME	
STREET ADDRESS (Note above changed address).		5.3 STREET ADDRESS	
CITY-ST-ZIP (Note above changed address).		5.4 CITY-ST-ZIP	
TITLE (Note above changed address).	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME (Note above changed address).		6.2 NAME	
STREET ADDRESS (Note above changed address).		6.3 STREET ADDRESS	
CITY-ST-ZIP (Note above changed address).		6.4 CITY-ST-ZIP	

14. I do 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 registered 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 _____ (305)-864-4782

CR2E034 (4/97)