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

**PROFIT** FLORIDA DEPARTMENT OF STATE Jan 30 1998 8:00am CORPORATION ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #

1. Corporation Name P96000087343 (5) AEROSERVICIOS USA, INC. Principal Place of Business Mailing Address 3745 NW 25 ST 3745 NW 25 ST **MIAMI FL 33142** MIAM! FL 33142 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/21/1996 2. Principal Place of Business 4. FEI Number Mailing Address Applied For NW 25 81 3731 NW 25 65-0711500 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be FL. FC Wiami  $M \Omega mi$ 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SERRANO, GABRIEL 3745 NW 25 ST Acidress (P.O. Box Number is Not Acceptable) MIAMITEL 33142 83 84 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Pursuant to the provision office or registered age Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered as of. Sociion 607,0505. Florida Statutes. agent. I am familiar with **SIGNATURE** (NOTE: Registored Agent signature required when reinstating) FICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE President TITLE SERRANO, GABRIEL NAME 1.2 NAME 3731 NW 2557 WIRMI, FC 33142 3745 NW 25 ST 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33142** 1.4 CITY-ST-ZIP CITY-ST-ZIP Vice- President DELETE Vice-President Seriono Ar., Gabriel Change Addition 2.1 TITLE TITLE 2.2 NAME NAME Serrano Ir., Gabriel 3731 NW 2557 MIGMI, FC 33 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4 1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Thereby certify that the informal indicated on this annual report a officer or director of the corporal Block 12 or Block 13 if changed oplied workhis filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information plemental actual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an tipe receiver at trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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