

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90140 031 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P97000072713**

1. Corporation Name

ATR AIR TRANSPORT, INC.

Principal Place of Business

C/O SAENZ ROBLEDO, SAX & COMPANY, P.A.  
8180 N.W. 36 STREET, #100  
MIAMI FL 33166

Mailing Address

C/O SAENZ ROBLEDO, SAX & COMPANY, P.A.  
8180 N.W. 36 STREET, #100  
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1997

4. FEI Number

65-0776310

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing ☐  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21:

2a. Mailing Address

26:

Suite, Apt. #, etc.

22:

27:

City &amp; State

23:

28:

Zip

Country

24:

25:

29:

30:

9. Name and Address of Current Registered Agent

GONZALEZ, EDUARDO CPA  
8180 N.W. 36 STREET  
#100  
MIAMI FL 33166

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

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETENAME **ARIAS, CARLOS**STREET ADDRESS **8180 N.W. 36 ST. #100**CITY-ST-ZIP **MIAMI FL 33166**TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D, P** ☐ Change ☒ Addition1.2 NAME **Mario Roberto Gomes**1.3 STREET ADDRESS **12300 S.W. 112 Ave.**1.4 CITY-ST-ZIP **Miami, FL 33176**2.1 TITLE **D, VP** ☐ Change ☒ Addition2.2 NAME **Jurgen Ziemer Huber**2.3 STREET ADDRESS **8180 N.W. 36 ST, SUITE 100**2.4 CITY-ST-ZIP **MIAMI, FL 33166**3.1 TITLE **S** ☐ Change ☒ Addition3.2 NAME **Luiz Cesar Costa**3.3 STREET ADDRESS **8180 N.W. 36 ST, SUITE 100**3.4 CITY-ST-ZIP **Miami, FL 33166**4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

Date

(205) 477-7147

Daytime Phone

CR2E034 (1/98)