

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

FILED

Mar 17 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 # **S76384** (4)
1. Corporation Name
AERO COSTA RICA, INC.



Principal Place of Business 700 SOUTH ROYAL POINCIANA #705 MIAMI SPRINGS FL 33166	Mailing Address 700 SOUTH ROYAL POINCIANA #705 MIAMI SPRINGS FL 33166-6800
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2. Principal Place of Business 21 2525 SW 3rd Ave. Suite, Apt. #, etc. 22 Suite 300 City & State 23 Miami, Fl Zip 24 33129		2a. Mailing Address 26 2525 SW 3rd Ave. Suite, Apt. #, etc. 27 Suite 300 City & State 28 Miami, Fl Zip 29 33129		3. Date Incorporated or Qualified 08/28/1991		3a. Date of Last Report 02/20/1996	
				4. FEI Number 65-0282449		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent QUIROS, VICTOR H 700 S. ROYAL PONCIANA SUITE 705 MIAMI SPRINGS FL 33166				10. Name and Address of New Registered Agent 81 Name VICTOR H. QUIROS 82 Street Address (P.O. Box Number is Not Acceptable) 2525 SW 3rd Ave. 83 Suite 300 84 City Miami FL 85 Zip Code 33129			
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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 _____ Signature, typed or printed name of registered agent and his or her title (Block 13 Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD CHAVES, CALIXTO 700 S ROYAL POINCIANA / STE 705 MIAMI SPRINGS FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PCD CHAVES, CALIXTO 2525 SW 3rd Ave, Suite 300 Miami, Fl 33129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD QUIROS, VICTOR H 700 S. ROYAL POINCIANA, STE. 705 MIAMI SPRINGS FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VSD QUIROS, VICTOR H 2525 SW 3rd Ave, Suite 300 Miami, Fl 33129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 of this filing, or on an attachment with an address.

SIGNATURE: **VICTOR H. QUIROS** **858-2665**

CR2E034 (9/96)