FILED

May 10, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **V56003**

1. Corporation Name

TRAFICO AEREO S.R.L., INC.

						 }	I BB ill BBIBB 1611 BIB IL 4	191) B/B/I 918	ii Bibii bibii ibii
Principal Place		Mailing Address							
4731 NW 72ND		4731 NW 72ND AVE MIAMI-FL 33166							
VIRGINIA GARDENS FL 33166 US D 200 K/// 1 120 K// H201 LUS US U						DO NO	T WRITE IN THIS	SPACE	
الملا	mi II 33/	うと				3. Date Incorporated or 0 08/07/1992	ualifed		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
	lace of Edulious	26			65-0352749		— ———	Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						Additional	
	., •	27				5. Certifcate of Status De	sired 🗌		Required
22 27 City & State City & State						6. Election Campaign Financing S5.00 May Be			
¬ '		28			Trust Fund Contribution Added to Fees				
23 ∤ Zip	Country	Zip	Cou	intry		8. This corporation owes			<u> </u>
24	25	29 30	_	,		Personal Property Tax.	are current your and	☐ Yes	□No
44	9. Name and Address of Curren		<u>' </u>	Т	······································	10. Name and Address o	New Registered	Agent	
	5. Name and Address of Conten	- Hogiston Agent		81	Name	10. 110	<u></u>		
COSTADONI, MARTA ERIKA									
	5 NW 62ND AVE.	82 Street Add			ddress (P.O. Box Number is Not Acceptable)				
	GINIA GARDENS FL 33166	83				*			
****				63					
				84	City			85 Zig	Code
	to the provisions of Sections 607.0502						FL	,	
SIGNATURE	Signature, typed or printed name of registered agen		_	Agent	signature require	d when reinstating)	DATE	ID DIDECT	
12.		D DIRECTORS	13.			ADDITIONS/CHANGES	TO OFFICERS AN	Change	
TITLE	P COOTADONII OFOII	☐ DELETE	1.1 77					Change	s [] Addidoil
NAME	COSTADONI, CECIL		1.2 N⁄						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166			TY-ST-	ZIP			Change	Addition
TITLE	8	☐ DELETE	2.1 TI					☐ Change	e Addition
NAME	COSTADONI, MARTA ERIKA		2.2 N	AME					
STREET ADDRESS			2.3 S	TREET	ADDRESS				
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166		2.40	ITY-ST	-ZIP				
TITLE	<u> </u>	☐ DELETE	3.1 Ti	TLE		•		Change	Addition
NAME			3.2 N	AME					
STREET ADDRESS			3.3 S	TREET	ADDRESS				
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TITLE		☐ DELETE	4.1 TI	ITLE				☐ Change	Addition
NAME	}		4. 2 N	IAME					
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP			4.4 CI	ITY•ST-	ZIP				
TITLE		☐ DELETE	5.1 TI					☐ Change	e Addition
NAME			5.2 N	AME					* ⁷
STREET ADDRESS			538	TREET A	ADDRESS				
CITY-ST-ZIP	-		5.4 C	TY-ST-	ZIP				
TITLE		☐ DELETE	6.1 TI	TLE				☐ Change	e Addition
NAME		_	6.2 N	AME					
STREET ADDRESS			1		ADDRESS				
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CITY-ST-ZIP /	i		■ ^{0,4} 0	- ال- ۱۱۱۰					

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 ifmade under out; that I am an officer or director of the corporation or the receiver or trusted supplemental annual report is true and accurate and that my signature shall have the same legal effect as ifmade under out; that I am an officer or director of the corporation or the receiver or trusted supplemental annual report is true and accurate and that my signature shall have the same legal effect as ifmade under out; that I am an officer or director of the corporation or the receiver or trusted supplemental annual report is true and accurate and that my signature shall have the same legal effect as ifmade under out; that I am an officer or director of the corporation or the receiver or trusted supplemental annual report is true and accurate and that my signature shall have the same legal effect as ifmade under out; that I am an officer or director of the corporation or trusted supplemental annual report is true and accurate and that my signature shall have the same legal effect as ifmade under out of the corporation of the corpor

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR