

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000000505

Entity Name: ABC AEROLINEAS S.A. DE C.V. INC.**Current Principal Place of Business:**IGNACIO LONGARES NO 102. LT 2 MZ 2,
ESTADO DE MEXICO 50200,**Current Mailing Address:**IGNACIO LONGARES NO 102. LT 2 MZ 2,
ESTADO DE MEXICO 50200, XX**FEI Number: 98-1027804****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RIVERO, MANUEL L
1313 PONCE DE LEON BLVD SUITE 201
CORAL GABLES, FL 33134 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	C
Name	VELASCO, MIGUEL A
Address	IGNACIO LONGARES NO 102. LT 2 MZ 2,
City-State-Zip:	ESTADO DE MEXICO 50200

Title	PCOO
Name	LICEA VENTURA, FRANCISCO J
Address	IGNACIO LONGARES NO 102. LT 2 MZ 2,
City-State-Zip:	ESTADO DE MEXICO 50200

Title	S
Name	HERNANDEZ GARCIA, LUIS A
Address	IGNACIO LONGARES NO 102. LT 2 MZ 2,
City-State-Zip:	ESTADO DE MEXICO 50200

Title	VC
Name	MAGNANI, MIGUEL A
Address	IGNACIO LONGARES NO 102. LT 2 MZ 2,
City-State-Zip:	ESTADO DE MEXICO 50200

Title	VP
Name	BERINSTAIN MERCADO, LUIS ALEJANDRO
Address	IGNACIO LONGARES NO 102. LT 2 MZ 2,
City-State-Zip:	ESTADO DE MEXICO 50200

Title	T
Name	MARRON RECAMIER, JOSE M
Address	IGNACIO LONGARES NO 102. LT 2 MZ 2,
City-State-Zip:	ESTADO DE MEXICO 50200

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MIGUEL A VELASCO**PRESIDENT****03/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date