

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

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FILED
Jun 03, 1999 8:00 am
Secretary of State

06-03-1999 90002 001 *3,000.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J25509

1. Corporation Name
JET AVION CORPORATION



Principal Place of Business % THOMAS S. IRWIN 3000 TAFT ST HOLLYWOOD FL 33021 US	Mailing Address % THOMAS S. IRWIN 3000 TAFT ST HOLLYWOOD FL 33021
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/24/1986	4. FEI Number 59-2699611	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip Country	28 Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24	25	29	30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
MENDELSON, VICTOR H. 3000 TAFT ST HOLLYWOOD FL 33021		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRWIN, THOMAS S.	1.2 NAME	<i>Eyzaguire, Ramon C</i>
STREET ADDRESS	3000 TAFT ST.	1.3 STREET ADDRESS	<i>3000 Taft Street</i>
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	<i>Hollywood, FL 33021</i>
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LETENDRE, ELIZABETH, R	2.2 NAME	<i>Quintana, Carlos</i>
STREET ADDRESS	3000 TAFT ST.	2.3 STREET ADDRESS	<i>3000 Taft Street</i>
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	<i>Hollywood, FL 33021</i>
TITLE	M <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDELSON, ERIC	3.2 NAME	<i>Vetter, Judith, W</i>
STREET ADDRESS	3000 TAFT ST.	3.3 STREET ADDRESS	<i>3000 Taft Street</i>
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	<i>Hollywood, FL 33021</i>
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REUM, JAMES L	4.2 NAME	<i>Szpunar, Stephen</i>
STREET ADDRESS	3000 TAFT ST.	4.3 STREET ADDRESS	<i>3000 Taft Street</i>
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	<i>Hollywood, FL 33021</i>
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOOREFIELD, THOMAS C.	5.2 NAME	<i>Reum, James L</i>
STREET ADDRESS	3000 TAFT STREET	5.3 STREET ADDRESS	<i>3000 Taft Street</i>
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	<i>Hollywood, FL 33021</i>
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZPUNAR, STEPHEN	6.2 NAME	
STREET ADDRESS	3000 TAFT STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: *6/15/99* Daytime Phone #: *954-987-4000*

CR2E034 (1/198)