

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

APPROVED AND FILED 1 of 2

97 APR -3 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K 36910**
1. Corporation Name
COMMERCIAL JET INC.

Principal Place of Business **BUDG** Mailing Address

2. Principal Place of Business 21 MIAD.	2a. Mailing Address 26 P.O. Box 591228	3. Date Incorporated or Qualified 10/6/1977	3a. Date of Last Report 7-21-95
Suite, Apt. #, etc. 22 BLDG 20 BAY L8	Suite, Apt. #, etc. 27	4. FEI Number 65-0096167	Applied For Not Applicable
City & State 23 MIAMI FL	City & State 28 MIAMI FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 33122	Country 25 DADE	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24 33122	Country 25 DADE	29 33159-1280	Country 30 DADE

8. Name and Address of Current Registered Agent
RAUL MIRO
4601 W. 8th Court
HIALSAH, FL 33012

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
200002134062--3
83 **-04/04/97--01095--008**
84 City
******365.00** ******365.00**
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 resigning) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	RAUL MIRO	
STREET ADDRESS	4601 W. 8th Court	
CITY-ST-ZIP	HIALSAH, FL 33012	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ELIZABETH LOPEZ	
1.3 STREET ADDRESS	4601 W 8th Court	
1.4 CITY-ST-ZIP	Hialshah FL 33012	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

A. Alon
4/3/97

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 if changed, or on an attachment with an address.

SIGNATURE: **RAUL MIRO** 3/21/97 205-8713765

CR2E034 (9/96)

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MARCH 21, 1997

MS. AMY ALAN
FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

DEAR MS. ALAN

AS I EXPLAINED TO YOU IN OUR TELEPHONE CONVERSATION FEB/20/97; WE HAVE JUST FOUND OUT THAT OUR CORPORATION WAS DELETED FROM YOU ACTIVE DATA BASE DUE TO NON-FILLING IN 1996. WE DID NOT RECEIVED AN ANNUAL REPORT FOR 1996. THEREFORE WE RESPECTFULLY REQUEST THAT THE FLORIDA DEPARTMENT OF STATE, DIVISION OF CORPORATION REINSTATE THE CORPORATION STATUS AND WAIVE ANY PENALTY DUE TO INADVERTENT OMISSION OF FILLING IN 1996.

ENCLOSED FIND OUR ANNUAL REPORT FOR 1997 WITH A CASHIER CHECK IN THE AMOUNT OF \$ 365.00 TO COVER THE RESPECTIVE FEES.

WE APPRECIATE YOUR HELP AND UNDERSTANDING.

SINCERELY,

MARLENE I. BRICENO
ACCOUNTING DEPARTMENT

FAA # OMJR606K

BLDG. 20 BAY 28, MIAMI INT'L AIRPORT • MIAMI, FL 33148
P.O. BOX 591228 • MIAMI, FLORIDA 33159-1228
TEL : (305) 871-3765 • FAX (305) 871-0076