**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000023463

FLEXJET, INC.

| Principal | Place of | Business |  |  |  |  |  |  |  |
|-----------|----------|----------|--|--|--|--|--|--|--|

Mailing Address

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90062 035 \*\*\*150.00



| 1400 N.W. 107T<br>MIAMI FL 33172  |  | 1400 N.W. 107TH AVENUE<br>MIAMI FL 33172 |                |                        | DC.                                | NOT WRITE IN THIS   | S SPACE    |              |
|---|--|--|----------------|------------------------|------------------------------------|---------------------|------------|--------------|
|   |  |  |                |                        | 3. Date Incorporated of 03/12/1998 |                     |            |              |
| 2 Principal Pl  | ace of Business                                      | 2a. Mailing Address                      |                |                        | 4. FEI Number                      |                     | Apr        | plied For    |
| 21  |  | 26                                       |                |                        | 65-08209                           | 177                 | No         | t Applicable |
| Suite, Apt.   | #. etc.  | Suite, Apt. #, etc.                      |                |                        |                                    |                     | \$8.75 A   | dditional    |
| 22  | .,   | 27                                       |                |                        | 5. Certifcate of Status            | Desired             | Fee Re     | quired       |
| City & State  | Α  | City & State                             |                |                        | 6. Election Campaign               | Financing           | \$5.00     | May Be       |
| 23  |  | 28                                       |                |                        | Trust Fund Contrib                 | -                   | Added to   |              |
| Zip   | Country  | Zip Country                              |                | a. This corporation ov | ves the current year In            | ntangible           |            |              |
| 24  | 25   | 29 30                                    | 0              |                        | Personal Property                  | -                   |            | □No          |
|   | g. Name and Address of Current                       |  |                |                        | 10. Name and Addres                | s of New Registered | Agent      |              |
|   |  |  | 81             | Name<br>Lev            | u. Joel                            |                     |            |              |
|   | ER, MICHAEL M  |  | 82             |                        | Address (P.O. Box Number is        | Not Acceptable)     |            |              |
| 1   | N.W. 107TH AVENUE                                    |  |                | 140                    | 0 N.W. 107 F                       | fuer Je             |            | . <u>-</u>   |
| MIAN  | AI FL 33172  |  | 83             |                        |                                    |                     |            |              |
|   | •  |  | 84             | City                   |                                    | FL                  | 85 Zip C   |              |
|   |  |  |                | 10                     | liani                              |                     |            | 72           |
| 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 egent | and title if applicable. (NOTE: R        | egistered Ager | t signature n          | equired when reinstating)          | DATE                |            |              |
| 12.   | OFFICERS ANI   |  | 13.            |                        | ADDITIONS/CHANG                    | SES TO OFFICERS A   | ND DIRECTO | RS IN 12     |
| TITLE   | D  | ☐ DELETE                                 | 1.1 TITLE      |                        | DIPICEO                            |                     | Change     | ☐ Addition   |
| NAME  | ADLER, MICHAEL M                                     |  | 1.2 NAME       |                        | ,                                  |                     |            |              |
| STREET ADDRESS  | 1400 N.W. 107TH AVENUE                               |  | 1.3 STREET     | ADDRESS                |                                    |                     |            |              |
| CITY-ST-ZIP   | MIAMI FL 33172                                       |  | 1.4 CITY+S     | T-ZIP                  |                                    |                     |            |              |
| TITLE   | D  | ☐ DELETE                                 | 2.1 TITLE      |                        | DIEVIAS                            |                     | Change     | Addition     |
| NAME  | LEVY. JOEL   |  | 2.2 NAME       |                        |                                    |                     |            |              |
| STREET ADDRESS  | 1400 N.W. 107TH AVENUE                               |  | 2.3 STREE      | ADDRESS                |                                    |                     |            |              |
| CITY-ST-ZIP   | MIAMI FL 33172                                       |  | 2.4 CITY-S     | T-ZIP                  |                                    |                     |            |              |
| TITLE   | D  | ☐ DELETE                                 | 3.1 TITLE      |                        | D/S/T                              |                     | Change     | ☐ Addition   |
| NAME  | ARRIZURIETA, LUIS                                    |  | 3.2 NAME       |                        |                                    |                     |            |              |
| STREET ADDRESS  | 1400 N.W. 107TH AVENUE                               |  | 3.3 STREET     | ADDRESS                |                                    |                     |            |              |
| CITY-ST-ZIP   | MIAMI FL 33172                                       |  | 3.4. CITY-5    |                        |                                    |                     |            |              |
| TITLE   | THE SHIP I COLLE                                     | ☐ DELETE                                 | 4.1 TITLE      |                        | A S                                |                     | XChange    | Addition     |
| NAME  |  |  | 4.2 NAME       |                        | Adler Linda K.                     |                     |            |              |
| STREET ADDRESS  |  |  | 4.3 STREE      | ADDRESS                | Adler Linda K.                     | tuo nue             |            |              |
| CITY-ST-ZIP   | ,  |  | 4.4 CITY-S     | T-ZIP                  | Minui, FL                          | 33172_              |            | }            |
| TITLE   |  | ☐ DELETÉ                                 | 5.1 TITLE      | -                      |                                    | · ····              | ☐ Change   | ☐ Addition   |
| NAME  |  |  | 5.2 NAME       |                        |                                    |                     |            |              |
| STREET ADDRESS  | ·  |  | 5.3 STREE      | ADDRESS                |                                    |                     |            |              |
| CITY-ST-ZIP   | •  |  | 5.4 CITY-S     | T-ZIP                  |                                    |                     |            |              |
| TITLE   |  | □ DELETE                                 | 6.1 TITLE      |                        | · <del>-</del>                     |                     | Change     | ☐ Addition   |

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 suppliemental annual report is the 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 trusted 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 adachine with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS