

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 509920 (5)

1. Corporation Name
HOP-A-JET, INC.

Principal Place of Business
5500 NW 21ST TERRACE
FT LAUDERDALE FL 33309

Mailing Address
5500 NW 21ST TERRACE
FT LAUDERDALE FL 33309

FILED
Apr 04, 1996 08:00 AM
Secretary of State



2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

3. Date Incorporated or Qualified 08/10/1976	3a. Date of Last Report 03/28/1995
4. FEI Number 59-1684783	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~DONATO, ANTHONY~~
~~526 NW 113 AVE~~
~~CORAL SPRINGS FL 33071~~

81 Name SHARLENE BRENKUS
82 Street Address (P.O. Box Number is Not Acceptable)
6100 Blue Lagoon Drive,
83 Suite 160,
84 City Miami FL 85 Zip Code 33126

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 *Sharlene Brenkus* Sharlene Brenkus, Director

March 5, 1996

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President and Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONATO, ANTHONY	1.2 NAME	Dr. Jack Tse
STREET ADDRESS	526 NW 113 AVE	1.3 STREET ADDRESS	122 Poplar Heights Drive,
CITY-STATE-ZIP	CORAL SPRINGS FL 33071	1.4 CITY-STATE-ZIP	Islington, Ontario, Canada, M9A 4Z4
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Executive Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TSE, CHARLES	2.2 NAME	Barry Ellis
STREET ADDRESS	2085 HURONTARIO STREET SUITE 200	2.3 STREET ADDRESS	4040 N.E. 17th Avenue,
CITY-STATE-ZIP	MISSISSAUGA ON	2.4 CITY-STATE-ZIP	Fort Lauderdale, Florida, 33334
TITLE	SDT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary and Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSE, JACK	3.2 NAME	Dr. Jack Tse
STREET ADDRESS	2085 HURONTARIO ST SUITE 200	3.3 STREET ADDRESS	122 Poplar Heights Drive,
CITY-STATE-ZIP	MISSISSAUGA ON	3.4 CITY-STATE-ZIP	Islington, Ontario, Canada, M9A 4Z4
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONATO, ANTHONY	4.2 NAME	Sharlene Brenkus
STREET ADDRESS	526 NW 113TH AVENUE	4.3 STREET ADDRESS	6100 Blue Lagoon Drive, Suite 160,
CITY-STATE-ZIP	CORAL SPRINGS FL	4.4 CITY-STATE-ZIP	Miami, Florida, 33126.
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Robert Perrett
STREET ADDRESS		5.3 STREET ADDRESS	171 Clear Lake Circle,
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	Sanford, Florida, 32773
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Dr. Jack Tse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 4, 1996 (905) 803-8898

Date: Daytime Phone #

CR2E034 (12/95)