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

PROFIT CORPORATION ANNUAL REPORT

1999

J & J AIR SERVICE, INC.

DOCUMENT #



584541

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90136 010 \*\*\*150.00



| Principal Place     | e of Business                                      | Mailing Address                                  |                      |                     |  |                |                                |  |
|---------------------|--|--|----------------------|---------------------|--|----------------|--------------------------------|--|
| 758 E. 53RO S       |  | PO BOX 680806                                    |                      |                     |  |                |                                |  |
| HIALEAH FL 33013    |  | NORTH MIAMI FL 33168                             |                      |                     | DO NOT WRITE IN THIS SPACE   |                |                                |  |
|                     |  | US   |                      |                     | 3. Date Incorporated or Qualifed   |                |                                |  |
|                     |  |  |                      |                     | 08/22/1978   |                |                                |  |
| 2 Principal D       | lace of Business                                   | 2a. Mailing Address                              |                      |                     | 4. FEI Number  |                | Applied For                    |  |
|                     | lace of business                                   | <b>⊢</b>   |                      |                     | 59-1981761   | }-             | Not Applicab                   |  |
| Cuito Ant           | # ata  | Suite, Apt. #, etc.                              |                      |                     | 39-1901/01   | <b>\$8.7</b>   | 5 Additional                   |  |
| Suite, Apt.         | #, etc.  | <del>                                     </del> |                      |                     | 5. Certificate of Status Desired   |                | Required                       |  |
| City 8 Ct-t         |  | City & State                                     | <u>·</u>             |                     | 2 Sharing Sharing  |                | <del></del>                    |  |
| City & State        | e  | <u> </u>   |                      |                     | 6. Election Campaign Financing   |                | 00 May Be                      |  |
| Zio Country         |  | 28   | Count                | n/                  | Trust Fund Contribution Added to Fees  |                |                                |  |
| Zip                 |  |  |                      | (y                  | 8. This corporation owes the current year Intangible Personal Property Tax.                          |                |                                |  |
| 4                   | [25]   |  | 30                   |                     | 10. Name and Address of New Register   |                |                                |  |
|                     | 9. Name and Address of Curre                       | nt Registered Agent                              | -                    | 1 Name              | 10. Name and Address of New Register   | eu Agent       |                                |  |
| EDE                 | EIRE, ROBERTO R                                    |  | ,                    | T TABILIE           |  |                |                                |  |
|                     |  |  | <b>[</b> 8           | 2 Street Ad         | ddress (P.O. Box Number is Not Acceptable)   |                |                                |  |
|                     | 50 SW 94TH LANE                                    |  | <u> </u>             |                     |  |                |                                |  |
| MIA                 | MI FL 33186  |  | }8                   | 3                   |  |                |                                |  |
|                     |  |  | -<br> -              | 4 City              |  | 85 2           | ip Code                        |  |
|                     |  |  | 1                    |                     |  | * <b>L</b>   ' | -                              |  |
| office or r         | registered agent, or both, in the State            | of Florida. Such change was au                   | ithorized t          | by the corpora      | orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap | pointment a    | its registered<br>s registered |  |
| agent. I a          | m familiar with, and accept the oblig-             | ations of, Section 607.0505, Flor                | ida Statut           | es.                 |  |                |                                |  |
| SIGNATURE           | Signature, typed or printed name of registered ag- | and title if applicable (NOTE:                   | Registered A         | sent signature requ | uired when reinstating) DATE   |                |                                |  |
| <del>_</del><br>12. |  | ND DIRECTORS                                     | 13.                  | ,                   | ADDITIONS/CHANGES TO OFFICERS  | AND DIREC      | TORS IN 12                     |  |
| TILE                | D  | <b>₹</b> DELETE                                  | 1.1 TITU             |                     |  | Char           |                                |  |
| NAME                | ESPINOSA, RUBEN D                                  | •  | 1.2 NAM              | <sub>E</sub>        | ECDINOCA DURENTO   |                |                                |  |
| STREET ADDRESS      | OT   |  |                      | ET ADDRESS          | ESPINOSA RUBENDD<br>7705 WEST 34th LAND<br>HIALEAH,FLORIDA 330                                       | 2              |                                |  |
|                     | HIALEAH FL   |  | 7                    | ł                   | HIALEAH, FLORIDA 33  | 018-50         | 116                            |  |
| CITY-ST-ZIP         | NIALEAN FL   | ☐ DELETE   | 1,4 CITY<br>2,1 TITL |                     |  | Char           |                                |  |
| TITLE               |  | C Deceie   |                      |                     |  |                | • •                            |  |
| NAME                |  |  | 2.2 NAM              | ĺ                   |  |                |                                |  |
| STREET ADDRESS      |  |  | 3                    | ET ADDRESS          |  |                |                                |  |
| CITY-ST-ZIP         |  |  |                      | -ST-ZIP             |  |                | [ ] Add:                       |  |
| TITLE               |  | ☐ DEL€TE   | 3.1 TTU              | 1                   |  | ☐ Char         | nge 🗀 Addi                     |  |
| NAME                | ]  |  | 3.2 NAM              | E                   |  |                |                                |  |
| STREET ADDRESS      |  |  | 3.3 STR              | ET ADDRESS          |  |                |                                |  |
| CITY-ST-ZIP         | <u> </u>   |  | 3.4. CIT             | -ST-ZIP             |  |                |                                |  |
| TITLE               |  | ☐ DELETE   | 4.1 TITL             | ·                   |  | ☐ Char         | ige 🔲 Addi                     |  |
| NAME                |  |  | 4. 2 NAM             | Æ                   |  |                |                                |  |
| STREET ADDRESS      | Ì  |  | 4.3 STR              | EET ADDRESS         |  | -              |                                |  |
| CITY-ST-ZIP         | ļ  |  | 4.4 CITY             | -ST-ZIP             |  |                |                                |  |
| TITLE               | <del>                                     </del>   | DELETE   | 5.1 TITL             |                     |  | ☐ Char         | ige 🔲 Addi                     |  |
| NAME                |  |  | 5.2 NAM              | E                   |  |                |                                |  |
| STREET ADDRESS      | j  |  | 5.3 STR              | ET ADDRESS          |  |                |                                |  |
|                     |  |  |                      | -ST-ZIP             |  |                |                                |  |
| CITY-ST-ZIP         | <del> </del>                                       | DELETE   | 6.1 TiTL             |                     |  | Char           | nge 🗀 Addi                     |  |
| TITLE               | 1  | LIULLEIE   |                      | _                   |  |                | . المان المان المان المان      |  |
| NAME                | 1  |  | SZNAM                | _                   |  | _              |                                |  |
|                     |  | _  | 6.2 NAM              |                     |  |                |                                |  |
| STREET ADDRESS      |  | _  | 6.3 STR              | EET ADDRESS         |  |                |                                |  |

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:

NATURE AND TYPED OR PRINTED NAME OF SHARE OF FICER OR DIRECTOR

02/19/1999.

305-685-0541

(R2E034 (11/98)