

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED  
96 JAN 19 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F50029** (0)  
1. Corporation Name  
**JETSET AIRMOTIVE, INC.**



Principal Place of Business: **6065 NW 167TH STREET B21 MIAMI FL 33015**  
Mailing Address: **6065 NW 167TH STREET B21 MIAMI FL 33015**

3. Date Incorporated or Qualified: **10/16/1981**  
3a. Date of Last Report: **01/20/1995**  
4. FEI Number: **59-2141810**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent: **BLAXBERG, GRAYSON & SING P 25 S.E. 2ND AVE., SUITE 730 ATTN: SEYMOUR SINGER MIAMI FL 33131**  
10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 84 City: 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: \_\_\_\_\_ (Date) \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE: <b>VD</b>	NAME: <b>RODRIGUEZ, KRISTIAN</b>	11 TITLE: _____	11 NAME: _____
STREET ADDRESS: <b>5566 N.W. 200TH ST.</b>	CITY, ST, ZIP: <b>MIAMI FL</b>	12 NAME: _____	12 STREET ADDRESS: _____
TITLE: <b>PD</b>	NAME: <b>ALBA, IGNACIO</b>	13 CITY, ST, ZIP: _____	13 CITY, ST, ZIP: _____
STREET ADDRESS: <b>2820 S.W. 4TH STREET</b>	CITY, ST, ZIP: <b>MIAMI FL</b>	14 CITY, ST, ZIP: _____	14 CITY, ST, ZIP: _____
TITLE: <b>STD</b>	NAME: <b>WALLER, JACQUELINE</b>	15 CITY, ST, ZIP: _____	15 CITY, ST, ZIP: _____
STREET ADDRESS: <b>18321 N.W. 86TH AVENUE</b>	CITY, ST, ZIP: <b>MIAMI FL</b>	16 CITY, ST, ZIP: _____	16 CITY, ST, ZIP: _____
TITLE: _____	NAME: _____	17 CITY, ST, ZIP: _____	17 CITY, ST, ZIP: _____
STREET ADDRESS: _____	CITY, ST, ZIP: _____	18 CITY, ST, ZIP: _____	18 CITY, ST, ZIP: _____
TITLE: _____	NAME: _____	19 CITY, ST, ZIP: _____	19 CITY, ST, ZIP: _____
STREET ADDRESS: _____	CITY, ST, ZIP: _____	20 CITY, ST, ZIP: _____	20 CITY, ST, ZIP: _____
TITLE: _____	NAME: _____	21 CITY, ST, ZIP: _____	21 CITY, ST, ZIP: _____
STREET ADDRESS: _____	CITY, ST, ZIP: _____	22 CITY, ST, ZIP: _____	22 CITY, ST, ZIP: _____

*BINSFIELD, Jacqueline W.*

*F 19-96*

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: *Jacqueline W Binsfield*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JACQUELINE W BINSFIELD**  
Date: **1/10/96**  
Doc. # Phone #: **305-825-2001**

CR2E034 (12/95)