

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

FILED
Sep 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997 AMENDED		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H19004
1. Corporation Name

JET EXPRESS INTERNATIONAL, INC.

Principal Place of Business 2509-A N.W. 72 Avenue Miami, FL 33122	Mailing Address 2509-A N.W. 72 Avenue Miami, FL 33122
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
Zip Country	Zip Country
23	28
24	29
25	30

3. Date Incorporated or Qualified 08/30/84	3a. Date of Last Report 05/02/97
4. FEI Number 59-2447069	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JAIME E. SUAREZ
7210 N.W. 46 Street
Miami, FL 33166

10. Name and Address of New Registered Agent

81 Name
JOHN G. IMMER

82 Street Address (P.O. Box Number is Not Acceptable)
c/o Kelley Drye & Warren LLP

83 **201 So. Biscayne Blvd., Ste. 2400**

84 City **Miami** **FL** **85** Zip Code **33131**

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: *John G. Immer* **John G. Immer** **9/8/97**
Signature typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	P/S	<input checked="" type="checkbox"/> DELETE
NAME	SUAREZ, Jaime E.	
STREET ADDRESS	7210 N.W. 46 Street	
CITY-ST-ZIP	Miami, FL 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	ULLRICH, Peter F.	
13 STREET ADDRESS	1800 N.W. 89 Pl.	
14 CITY-ST-ZIP	Miami, FL 33172	
21 TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	GONZALEZ, Florentino	
23 STREET ADDRESS	P.O. Box 523979	
24 CITY-ST-ZIP	Miami, FL 33152	
31 TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	GARCIA, Alipio Jesus	
33 STREET ADDRESS	2509-A N.W. 72 Avenue	
34 CITY-ST-ZIP	Miami, FL 33132	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS	200002298852	
64 CITY-ST-ZIP	-09/22/97-01007-019 ***61.25	

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 in an attachment with an address.

SIGNATURE: *Peter F. Ullrich* **Peter F. Ullrich** **9/8/97 (305) 592-7400**
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)