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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

DOCUMENT # GM JET LUBRICATION, INC.

Jan 22 1998 8:00am Sandra B. Mortham Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 J13362 (5)



FILED

Principal Place of Business Mailing Address 4681 S, STATE RD. 7 4681 S. STATE RD. 7 DAVIE FL 33314 DAVIE FL 33314 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/05/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2716971 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible □Ño 24 25 30 Personal Property Tax due June 30. 7 Yes 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name ADONI, MOSHE 5201 SW 31 AVE 82 Street Address (P.O. Box Number is Not Acceptable) **APT 209** FT. LAUDERDALE FL 33312 83 84 Zip Code 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 agent and title if applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE Change ADONI, MOSHE NAME 1.2 NAME 5201 SW 31 AVE., APT 209 STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME NAGAR, GIL 2.2 NAME 3909 FARRAGUT ST. STREET ADORESS 2.3 STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Addition TITLE 3,1 TITLE L Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST-ZIP 3.4. CITY - ST-ZIP TITLE ☐ DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CiTY - ST - ZiP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 61 TID F Change Addition NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 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 of an attachment with an address.

SIGNATURE:

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