


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

FILED

May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J64494** (4)  
1. Corporation Name  
**JET WINGS TRAVEL INCORPORATED**

Principal Place of Business <b>2305 N.W. 107TH AVE., FZ-01 MIAMI FL 33172 US</b>	Mailing Address <b>2305 N.W. 107TH AVE., FZ-01 MIAMI FL 33172 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2264 NW 87th AVE</b> Suite, Apt. #, etc. 22 City & State 23 <b>MIAMI, FL</b> Zip 24 <b>33172</b>		2a. Mailing Address 26 <b>2264 NW 87th AVE</b> Suite, Apt. #, etc. 27 City & State 28 <b>MIAMI, FL</b> Zip 29 <b>33172</b>		3. Date Incorporated or Qualified <b>03/24/1987</b>	
25 Country		30 Country		4. FEI Number <b>59-2830932</b> Applied For <input type="checkbox"/> Not Applicable	
25		30		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>JHANGIMAL, SONIA D 2305 N.W. 107TH AVENUE SUITE FZ 01 MIAMI FL 33172</b>		10. Name and Address of New Registered Agent 81 Name <b>JHANGIMAL, SONIA D.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>9425 SW 91st STREET</b> 83 84 City <b>MIAMI</b> 85 Zip Code <b>FL 33176</b>	
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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 Sonia D. Jhangimal DATE 04/20/98  
Signature, typed or printed name of registered agent and not applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P JHANGIMAL, GOBINDRAM 2305 NW 107 AVE., #FZ-01 MIAMI FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>P JHANGIMAL, GOBINDRAM 2264 NW 87th AVE MIAMI, FL 33172</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD JHANGIMAL, DIPU 2305 NW 107 AVE., #FZ-01 MIAMI FL</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>VD JHANGIMAL, SONIA DIPU 2264 NW 87th AVE MIAMI, FL 33172</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD JHANGIMAL, SONIA D 2305 NW 107 AVE., #FZ-01 MIAMI FL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>SD JHANGIMAL, SONIA D. 2264 NW 87th AVE MIAMI, FL 33172</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T JHANGIMAL, SURESH G 2305 NW 107 AVE., #FZ-01 MIAMI FL</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>T JHANGIMAL, SURESH G. 2264 NW 87th AVE MIAMI, FL 33172</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Sonia D. Jhangimal SONIA D. JHANGIMAL 04/20/98 305-591-1285

CR2E034 (10/97)