May 04, 1999 8:00 am Secretary of State

05-04-1999 90028 046 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J64494

1. Corporation Name

JET WINGS TRAVEL INCORPORATED

···										
Principal Place of Business Mailing Address										
2264 NW 87TH MIAMI FL 33172		2264 NW 87TH AVENUE MIAMI FL 33172 US			DO NOT WRI	TE IN THIS :	SPACE	Ē		
US US						3. Date Incorporated or Qualifed				
						03/24/1987				
2. Principal Place of Business 2a. Mailing Address						4 FEI Number		Т	Appl	ed For
 -	add of Basiness	26				59-2830932		<u> </u>		Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Addition				
22	<i>n</i> , 0.0.	[27]			5. Certificate of Status Desired Fee Required					
City & Stat	е	City & State			6. Election Campaign Financing S5.00 May Be					
23	_	28				Trust Fund Contribution	□		ded to	
Zip	Country	Zip	Coun	try		8. This corporation owes the curr	ent year Inta	ngible		
24	25	29	30			Personal Property Tax.				
	9. Name and Address of Curren			10. Name and Address of New F	Registered A	gent				
			- 1	81	Name					ļ
JHANGIMAL, SONIA,D				82	Stroot Addro	treet Address (P.O. Box Number is Not Acceptable)				
9425 91ST STREET			[02	Sileet Addie	ss (F.O. Box Number is Not Accept	abic)			1
MIAMI FL 33176			ļ1	83						
			L	_				~	Zin Co	
				B4	City		FL	85	Zip Co	ide
agent. I a	to the provisions of Sections 60'. Segistered agent, or both, in the State m familiar with, and accept the obligations of segistered agent of segi	tions of, Section 607.0505, Flo	nda Statul	es.	signature required		DATE			
12. OFFICERS AND DIRECTORS 13.					<u></u>	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRE	CTOR	S IN 12
TITLE .	P	☐ DELETE	1.1 TITLE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Cha		☐ Addition
NAME	JHANGIMAL, GOBINDRAN		1.2 NAA	Æ	1					1
STREET ADDRESS			1.3 STR	STREET AODRESS						
CITY-ST-ZIP			1.4 CITY							
TITLE	VD	☐ DELETE	2.1 TITL					Cha	ange	☐ Addition
NAME	JHANGIMAL, SONIA DIPU		2.2 NAM	Æ.						
STREET ADDRESS	2264 NW 87TH AVENUE		2.3 STR	EETA	DDRESS					
CITY-ST-ZIP	MIAMI FL 33172		2. 4 CIT	Y-ST-	ZIP .					ł
TITLE	SD SD	☐ DELETE	3.1 TITL		-			Cha	ange	Addition
NAME	JHANGIMAL, SONIA D		3.2 NAA	Æ						}
STREET ADDRESS	2264 NW 87TH AVENUE	,			UDDRESS ~	•	_			
CITY-ST-ZIP	MIAMI FL 33172			Y-ST-						
TITLE	T	☐ DELETE	4.1 TITL					Chi	ange	Addition
NAME	JHANGIMAL, SURESH G		4. 2 NA	ME						İ
STREET ADDRESS	2264 NW 87TH AVNUE		4.3 STR	EETA	DDRESS					
CITY-ST-ZIP	MIAMI FL 33172		4.4 CIT		ì					
TITLE		DELETE	5.1 TITI		=		_	Cha	ange	Addition

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 on an attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TILLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

Addition

Change