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 # **K91452**

1. Corporation Name

INTERNATIONAL JET CARGO CENTER, INC.

FILED	
Jul 14, 1999 8:00 a	m
Secretary of State	
•	

07-14-1999 90018 002 *1,100.00

Principal Place	of Business	Mailing Address		4/6-	14 61914 81611 61911 61611 61911 1901
3406 S.W. 9TH	AVE.	2475 N COUNTRY CLUB	DRIVE 3466 SAV 94	<i>7</i> 04	
FT. LAUDERDALE FL 33315 STE 318		FT-LAUD FL33315	PO NOT WIDITE IN TI	HO CDACE	
US		AVENTURA FL 33180 1	F1-1744 1 CJJJ13	DO NOT WRITE IN THE	1IS SPACE
		US		3. Buto moorporated or disamet	
A Dringing D	and of Punings	2a. Mailing Address		05/26/1989 4. FEI Number	Applied For
	ace of Business			65-0344449	Not Applicable
Suite, Apt.	# atc	Suite: Apt: #:retc:	750-24 <u>-</u>		\$8.75 Additional
22	#, BtC.	27		5. Certifcate of Status Desired	Fee Required
City & State		City & State	·	6. Election Campaign Financing	\$5.00 May Be
23	-	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	29	30	Personal Property Tax.	☐Yes ☐No
		Current Registered Agent		10. Name and Address of New Register	ed Agent
	TOBIN		81 Name	 -	
SHEI	RMAN T ORIH	A WELLING CLOC TER	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	- N. C CLUB DRIVE - 700	O TOWERSIDE TER	ou du con Addi	Cos (F,O. Box Hallison is treet recopilation)	
MIAN	 FL 33180 	11 FL,33/38	83		
		,	5.1 50		BE Zin Codo
			84 City	F	Zip Code
44 Pursuant	to the provisions of Sections 6	507 0502 and 607.1508. Florida Sta	tutes, the above-named corp	oration submits this statement for the purpose	of changing its registered
office or n	egistered agent, or both, in the	e State of Florida. Such change wa e obligations of, Section 607.0505,	s authorized by the corporation	on's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	Signature, typed or printed name of regis	thered greent and title if applicable (Ni	OTE: Registered Agent signature require	d when reinstating) DATE	
12.		ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	l - .	and and the three	1.2 NAME		
STREET ADDRESS	2475 N C CHIR DRIVE	4000 TOWERSIDE TER	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI-FL-	YIHHI FL 33/38	1.4 CITY-ST-ZIP		
TITLE	Min vina 1 C	DELETE			☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
i 1			3.4. CITY-ST-ZIP		
CITY-ST-ZIP		DELETÉ	4.1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAME		
			4.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE) beter	5.1 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE		L Deceie	6.2 NAME		
NAME	i		O.Z IWWIL		

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 impowered 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Date

Daytime Phone #