

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

**FILED**  
**Feb 17 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 # L45813 (7)**  
 1. Corporation Name  
**"J.I.F." JET INTERNATIONAL FORWARDING, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 9999 N.W. 89TH AVE. BAY NO 22 MEDLEY FL 33178 US	Mailing Address 9999 N.W. 89TH AVE. BAY NO 22 MEDLEY FL 33178 US
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3. Date Incorporated or Qualified  
**01/24/1990**

2. Principal Place of Business 21 9811 W. OKEECHOBEE RD. Suite, Apt. #, etc. 22 # 105 City & State 23 HIALEAH, FL. Zip 24 33016 Country 25 U.S.A.	2a. Mailing Address 26 P.O. BOX 52-7423 Suite, Apt. #, etc. 27 City & State 28 MIAMI, FL. Zip 29 33252 Country 30 U.S.A.
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4. FEI Number  
**59-2995501**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**SANTANA, JOSE**  
**582 S.W. 78TH CT.**  
**MIAMI FL 33144**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
**FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	SANTANA, CHRISTINA	
STREET ADDRESS	582 S.W. 78TH CT.	
CITY - ST - ZIP	MIAMI FL 33144	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SANTANA, JOSE	
STREET ADDRESS	582 S.W. 78TH CT.	
CITY - ST - ZIP	MIAMI FL 33144	
TITLE	C	<input type="checkbox"/> DELETE
NAME	FERREY, FRANCISCO D	
STREET ADDRESS	9811 W. OKEECHOBEE RD. #105	
CITY - ST - ZIP	HIALEAH FL 33016	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 employed 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 any attachment with an add/less.

SIGNATURE: \_\_\_\_\_

02/12/98 (SOS) 888-1103

CR2E034 (10/97)