

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

FILED

Jun 01 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1998</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Northam</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # L77639

1. Corporation Name

AMTEC JET, INC.

Cetma Jet, Inc.

(7) N/C  
3-17-98



Principal Place of Business

2875 NW 82 AVENUE  
MIAMI FL 33122  
US

Mailing Address

P.O. BOX 522450  
MIAMI FL 33152-2450  
US

DO NOT WRITE IN THIS SPACE

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>2. Principal Place of Business</b><br><b>21 100 SE 2nd Street</b><br>Suite, Apt. #, etc.<br><b>22 Suite 3400</b><br>City & State<br><b>23 Miami, FL</b><br>Zip<br><b>24 33131</b> |  | <b>2a. Mailing Address</b><br><b>26 100 SE 2nd Street</b><br>Suite, Apt. #, etc.<br><b>27 Suite 3400</b><br>City & State<br><b>28 Miami, FL</b><br>Zip<br><b>29 33131</b> |  | <b>3. Date Incorporated or Qualified</b><br><b>05/31/1990</b>  |  |
| <b>25 USA</b>  |  | <b>30 USA</b>   |  | <b>4. FEI Number</b><br><b>65-0209399</b>  |  |
|  |  |   |  | <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
|  |  |   |  | <b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
|  |  |   |  | <b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

BETANCOURT, HECTOR J  
2875 NW 82 AVENUE  
MIAMI FL 33122

10. Name and Address of New Registered Agent

**81 Name**  
**R. Lawrence Bonner**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**100 SE 2nd Street**  
**83 Suite 3400**  
**84 City**  
**Miami** **FL** **85 Zip Code**  
**33131**

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 **R. Lawrence Bonner**

Signature typed or printed name of registered agent and filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                               |
|----------------------------|-----------------------|---|-------------------------------|
| TITLE                      | DP                    | 1.1 TITLE   | DP                            |
| NAME                       | BETANCOURT, HECTOR J. | 1.2 NAME  | Betancourt, Hector J.         |
| STREET ADDRESS             | 2875 NW 82 AVENUE     | 1.3 STREET ADDRESS                                    | 100 SE 2nd Street, Suite 3400 |
| CITY-ST-ZIP                | MIAMI FL              | 1.4 CITY-ST-ZIP                                       | Miami, FL 33131               |
| TITLE                      | ST                    | 2.1 TITLE   | ST                            |
| NAME                       | BETANCOURT, MONICA S. | 2.2 NAME  | Betancourt, Monica S.         |
| STREET ADDRESS             | 2875 NW 82 AVENUE     | 2.3 STREET ADDRESS                                    | 100 SE 2nd Street, Suite 3400 |
| CITY-ST-ZIP                | MIAMI FL              | 2.4 CITY-ST-ZIP                                       | Miami, FL 33131               |
| TITLE                      | V                     | 3.1 TITLE   | V                             |
| NAME                       | MARTIN, ERNESTO R.    | 3.2 NAME  | Martin, Ernesto R.            |
| STREET ADDRESS             | 2875 NW 82 AVENUE     | 3.3 STREET ADDRESS                                    | 100 SE 2nd Street, Suite 3400 |
| CITY-ST-ZIP                | MIAMI FL              | 3.4 CITY-ST-ZIP                                       | Miami, FL 33131               |
| TITLE                      |                       | 4.1 TITLE   |                               |
| NAME                       |                       | 4.2 NAME  |                               |
| STREET ADDRESS             |                       | 4.3 STREET ADDRESS                                    |                               |
| CITY-ST-ZIP                |                       | 4.4 CITY-ST-ZIP                                       |                               |
| TITLE                      |                       | 5.1 TITLE   |                               |
| NAME                       |                       | 5.2 NAME  |                               |
| STREET ADDRESS             |                       | 5.3 STREET ADDRESS                                    |                               |
| CITY-ST-ZIP                |                       | 5.4 CITY-ST-ZIP                                       |                               |
| TITLE                      |                       | 6.1 TITLE   |                               |
| NAME                       |                       | 6.2 NAME  |                               |
| STREET ADDRESS             |                       | 6.3 STREET ADDRESS                                    |                               |
| CITY-ST-ZIP                |                       | 6.4 CITY-ST-ZIP                                       |                               |

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\*\*\*158.75

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:

H.J. Betancourt Hector J. Betancourt 4/27/86 4/27/86

CR2E034 (10/97)