

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

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90003 050 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L77639 (7)
Corporation Name

Cetma Jet, Inc.

Principal Place of Business 100 SE 2nd Street Suite 3400 Miami, FL 33131	Mailing Address 100 SE 2nd Street Suite 3400 Miami, FL 33131
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DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified 05/31/1990	4. FEI Number 65-0209399	Applied For <input type="checkbox"/> Not Applicable
21. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	25. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

8. Name and Address of Current Registered Agent R. Lawrence Bonner 100 S.E. 2nd Street Suite 3400 Miami, FL 33131	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
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11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent to 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 agree to the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* (DATE) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETANCOURT, HECTOR J.	1.2 NAME	
STREET ADDRESS	100 SE 2nd St., #3400	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETANCOURT, MONICA S.	2.2 NAME	
STREET ADDRESS	100 SE 2nd St., #3400	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, ERNESTO R.	3.2 NAME	
STREET ADDRESS	100 SE 2nd St., #3400	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 recipient of trust or other powers 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 permit therewith an address.

SIGNATURE: *[Signature]*

CR2EG04 (10/97)

HOMER, BONNER & DELGADO, P.A.

3400 NATIONSBANK TOWER
100 SOUTHEAST 2ND STREET
MIAMI, FLORIDA 33131

L77639
604184-90003-50

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August 6, 1999

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SENDER'S DIRECT NUMBER. (305) 350-5143
SENDER'S DIRECT FAX NUMBER. (305) 379-0918

Via Overnight Mail

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Cetma Jet, Inc., FEI# 65-0209399

To Whom it May Concern:

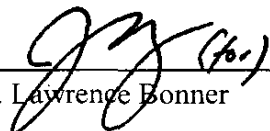
Enclosed please find a completed copy of Cetma Jet, Inc.'s 1999 Annual Report and check in the amount of \$158.75. The report is being filed today because Cetma Jet, Inc. did not timely receive the annual report form. Apparently, the Department of Corporations did not note the change in mailing address indicated on the 1998 annual report and sent the 1999 annual report to an outdated address. Accordingly, we were instructed by your office to remit payment of \$150 for the filing fee and \$8.75 for a certificate of status. Please send the certificate of status to the correct mailing address of 100 S.E. 2d Street, Suite 3400, Miami, Florida 33131, attention R. Lawrence Bonner.

Thank you in advance for your prompt attention to this matter.

Very truly yours,

HOMER, BONNER & DELGADO, P.A.

BY:



R. Lawrence Bonner

cc: Hector J. Betancourt