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

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PROFIT CORPORATION ANNUAL REPORT **1999**	(seal)	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State
02-26-1999 90001 020 ***150.00

DOCUMENT # L98654

1. Corporation Name

FLORIDA JET SUPPORT, INC.

(barcode)

Principal Place of Business	Mailing Address
5805 BLUE LAGOON DR STE 390 MIAMI FL 33126 US	8856 NW 194 TERRACE MIAMI LAKES FL 33015 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed **08/24/1990**		

2. Principal Place of Business	2a. Mailing Address	4. FEI Number		Applied For
21 *5805 BLUE LAGOON Dr.*	26 *8856 NW 194 Terr*	**65-0245988**		Not Applicable
Suite, Apt. #, etc. 22 *390*	Suite, Apt. #, etc. 27 *H*	5. Certifcate of Status Desired ☐		**$8.75** Additional Fee Required
City & State 23 *MIAMI, FL. USA*	City & State 28 *Miami, Lakes F*	6. Election Campaign Financing Trust Fund Contribution ☐		**$5.00** May Be Added to Fees
Zip 24 *33126* Country 25	Zip 29 *33015* Country 30 *USA*	8. This corporation owes the current year Intangible Personal Property Tax. ☐Yes ☐No		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
CARABAJAL, GUILLERMO 8856 NW 194 TERR. MIAMI FL 33015	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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPVT	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	GUILLERMO, CARABAJAL		1.2 NAME			
STREET ADDRESS	8856 NW 194 TERR		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		☐ 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			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

CR2E034 (11/98)

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.

SIGNATURE: _____   *Guillermo Carabajal*   *1/22/99*   *305-260-4411*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #