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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99245

(7)

JF AVIATION CORPORATION

Principal Place of Business Mailing Address
13020 SW 70 AVE. 13020 SW 70 AVE.

FILED Apr 29 1997 8:00am Secretary of State



MIAMI FL 3315	6	MIAMI FL 33156-6912						
				ı	3. Date Incorporated or Qualified 09/04/1990	3a. Date of 05/01/1	Last Report	
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number		Applied Fo	
21		26			65-0216657		Not Applic	
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		3.75 Additiona Fee Required	
City & State	3	City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Ζφ 24	Country 25	24p	Countr 30	/	This corporation has liability for in Florida Statutes	intangible tax u Yes X No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agen	t	
1302	AZZO, NICOLAS 20 SW 70 AVE. MI FL 33156		81 82 83	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
			84	City		FL 85	Zip Code	
office or ragent La	m familiar with, and accept the obliq	gations of, Section 607.0505, F	utes, the above authorized be lorida Statute	e-named corp y the corpora s.	poration submits this statement for the p ation's board of directors. I hereby accep	ourpose of char of the appointm	nging its register nent as register	
	Sequence by a corporated wine of registered ag			ent signature requ	ired when reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TileF	0	☐ DELETE	1 1 TITLE			L) (Change []] Ad	
NAM!	FINAZZO, JOANN		1.2 NAME					
STREET ADORESS	13020 SW 70 AVE.		1	r address [
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NAM!	FINAZZO, NICOLAS 13020 S. W. 70 AVENUE		2.2 NAME					
STREET ADDITESS	MIAMI FL		1	ADDRESS				
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NAVE	FINAZZO, ROSE ANN	Control of the contro	3.2 NAME	ŀ				
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CITY - ST - ZIP	MIAMI FL		34. CITY-					
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NAME			4. 2 NAME					
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City - ST - ZiF			4.4 CITY -	ST-ZIP				
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M4Mc			5.2 NAME	İ				
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NAME			6 2 NAME					
STREET ACORESS			63STREE	I ADDRESS				
CITY: \$1 - Z#			64 CITY-	ST-ZIP				

14. Too 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:

SALLAN FINAZZO ROSE ANN FINAZZO CHATURE AND TYPED OR PRINTED NAMES SONING OFFICER OR DIRECTOR

APRIL 22, 1997

305-252-7994 Caylinia Phone #