PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99245

1. Corporation Name

JF AVIATION CORPORATION

Principal Place of Business									
13020 SW 70 AVE. MIAMI FL 33156									

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

13020 SW 70 AVE. MIAMI FL 33156

2a. Mailing Address

Suite, Apt. #, etc.

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90138 024 ***150.00



Applied For

Fee Required

Not Applicable \$8.75 Additional

DO NOT WRITE IN THIS SPACE

 Date Incorporated or Qualifed 09/04/1990

5. Certificate of Status Desired

4. FEI Number

65-0216657

22		27									
City & State	e	F	City & State	_				Election Campaign Financing		\$5.00 Added	May Be
23	Country	28			ıntry		_	Frust Fund Contribution	-4 voor Inte		(O (Gas
Zip	Country 25		Z:IP	30	21 163 y			This corporation owes the curre Personal Property Tax.	nt year mia	ngible ∐Yes	VNο
24	9. Name and Address of Current	29 Posi	etered Agent	30	ı			Name and Address of New Re	aistered A		<u> </u>
	3. Name and Address of Current	regi	stered Agent		81	Name		Tallio dila pianto o o monto.	<u> </u>		
FINA	AZZO, NICOLAS				82			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
13020 SW 70 AVE.						Street Addres	ess (P.	 D. Box Number is Not Acceptat 	ele)		
MIA	MI FL 33156				83						
					84	City		"	EI	85 Zip	Code
			POT 4500 Florido Otobo	46	<u> </u>		arotion	aubmita this statement for the r	uenosa of a	hanging its	ranistered
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and to f Flori	da. Such change was a	es, ine a uthorize	d by t	the corporation	on's boa	ard of directors. I hereby accept	the appoin	tment as re	gistered
agent. I a	m familiar with, and accept the obligati	ons o	f, Section 607.0505, Flo	rida Stat	utes.						
SIGNATURE									DATE		
-10	Signature, typed or printed name of registered agent			: Registere	Agen	t signature required v		nstating) DDITIONS/CHANGES TO OFF		DIRECTO	DRS IN 12
12.	OFFICERS AND DIRECTORS DELETE				TLE			DUTTONS/CHANGES TO OFF	ICENO AIN	Change	☐ Addition
TITLE	FINAZZO, JOANN		- Deceie	•						v.na.nge	
NAME	13020 SW 70 AVE.				AME						
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·					ADDRESS					
CITY-ST-ZIP	MIAMI FL				ITY-ST	ZIP				Change	
TITLE	VS SINAZZO NICOLAO		☐ DELETE	2.1 ₹		ļ				☐ Change	
NAME	FINAZZO, NICOLAS			2.2 N	AME	l					
STREET ADDRESS	13020 S. W. 70 AVENUE			2.3 S	TREET	ADDRESS					•
CITY-ST-ZIP	MIAMI'FL'			_	TY-S	T-ZIP					□ A aladala
TITLE			☐ DELETE	3.1 T	TLE					Change	☐ Addition
NAME	FINAZZO, ROSE ANN			3.2 N	AME						
STREET ADDRESS	I			3.3 S	TREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL			3.4. 0	ITY-S	T-ZIP					
TITLE			☐ DELETE	4.1 T	TLE					☐ Change	Addition
NAME				4.21	AME						
STREET ADORESS				4.3 S	TREET	ADDRESS					
CITY-ST-ZIP				4.4 0	ITY-ST	r- ZIP			<u>.</u>		
TITLE			☐ DELETE	5.1 T	ITLE					☐ Change	Addition
NAME				5.2 N	AME.						
STREET ADDRESS				5.3 S	TREET	ADDRESS					
CITY-ST-ZIP				5.4 0	ITY-ST	r-ZIP					
TITLE			☐ DELETE	6.1 T	TLE			·		Change	☐ Addition
NAME				6.2 N	AMÉ						
STREET ADDRESS				6.3 \$	TREET	ADDRESS					
STALL I POPULOS						1					
CITY-ST-ZIP				6.4 0	ITY-SI	r-zip i					

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the morrisation 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:

E AND SPEED OR PRINTED NAME OF SIGNINGS HER OR DIRECTOR

April 28, 1999 (305) 252-7399

CR2E034 (11/98)

=