PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P32707 1. Corporation Name SOUTHEAST JET SALES, INC.

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90083 023 ***150.00



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Principal Place	e of Business	Mailing Address			··-	I SEGULD SON CLUB SINST INDUI DOLLS CONT. BER	I DIGII BIBII BIBII	Dibit ninii inni	
5500 N.W. 21 STREET TERRACE 5500 N.W. 21 STREET TERRAC FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309				CE		DO NOT WEITE IN TH	UC SDACE		
						DO NOT WRITE IN TH 3. Date Incorporated or Qualifed	- SPACE		
						02/05/1991		İ	
Principal Place of Business 2a. Mailing Address						4. FEI Number	A	pplied For	
	lace of Dusiliess	26				65-0168130		lot Applicable	
Suite, Apt.	# Atc	Suite, Apt. #, etc.						Additional	
22	#, 6tc.	27				5. Certifcate of Status Desired	Fee R	Required	
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Cou	ıntry		8. This corporation owes the current year			
24	25	29 30				Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	t Registered Agent		L.,		10. Name and Address of New Registere	d Agent		
		_		81	Name			ļ	
DE SOUZA, IVAN 545 JEFFERSON DRIVE				82	Street Add	ess (P.O. Box Number is Not Acceptable)			
	E 111			83	 		_	_	
DEE	RFIELD BEACH FL 33442				<u> </u>		. 85 Zip	Code	
				84	City	F	L " ² "	Joue	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	nf Florida. Such change was	autnonze	ועסים	ine corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing it pointment as r	s registered egistered	
SIGNATURE	Signature, typed or printed name of registered agen	and title if parliaghin /NO	TC: Degisterer	4 Agent	evinature require	ed when reinstating) DATE			
12.	Signature, typed or printed name of registered agen OFFICERS AN		13.	, Algui	agnature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12	
TITLE	PD	☐ DELETE	1.1 17	TLE			Change		
NAME	LIMA, ROGERIO		1.2 N	AME					
STREET ADDRESS	5520 N.E. 26TH AVE				ADORESS			1	
CITY-ST-ZIP	FT LAUDERDALE FL 33308			ITY-ST				1	
TITLE	VPD			MLE			Change	Addition	
NAME	DE SOUZA IVAN JR.	- I		AME					
STREET ADDRESS			23.5	TREET	ADDRESS			1	
	DEERFIELD BEACH FL 33442			2. 4 CITY-ST-ZIP					
TITLE	DELINIELD DEACHT I E 33442	DELETE	3.1 T				Change	Addition	
NAME			3.2 N		f			ļ	
STREET ADDRESS					ADDRESS :			1	
CITY-ST-ZIP			3.4. (CITY-ST	T- ZIP				
TITLE		☐ DELETE	4.1 T				Change	Addition	
NAME			4.21	IAME					
STREET ADDRESS					ADORESS			}	
CITY-ST-ZIP				ITY-ST					
TITLE		☐ DELETE	5.1 T				Change	e Addition	
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	TREET	ADDRESS			1	
ı			5.4 C	ITY-ST	-ZIP				
CITY-ST-ZIP		DELETE	6.1 T				☐ Change	e ☐ Addition	
NAME		•	6.2 N	AME					
STREET ADDRESS			6.3 S	TREET	ADDRESS			(
SINCE I MUDINGOO	1				1			1	

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 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 of pushed amplied of the corporation or the receiver of pushed amplied of the corporation of the corporation or the receiver of pushed amplied of the corporation of the corporation or the receiver of pushed amplied of the corporation of t

SIGNATURE:

SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR