**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)**

PROFIT CORPORATION ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 17 AM 8:54

DOCUMENT # **P93000002744 (9)**

1. Corporation Name
**SOUTHEASTERN JET AVIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1152 N. UNIVERSITY DR.<br>SUITE 304<br>PEMBROKE PINES FL 33024 | P.O. BOX 848871<br>PEMBROKE PINES FL 33084 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 01/08/1993 | 3a. Date of Last Report: 04/21/1994 |
| 4. FEI Number: 65-0444869 | ☐ Applied For ☐ Not Applicable |
| 5. Certificate of Status Desired ☑ | $8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 500 W. Cypress Creek Rd | 27 500 W. Cypress Creek Rd |
| Suite, Apt. #, etc.<br>22 Suite 570 | Suite, Apt. #, etc.<br>27 Suite 570 |
| City & State<br>23 Fort Lauderdale ,FL | City & State<br>28 Fort Lauderdale, FL |
| 24 Zip 33309 — 25 County Broward | 29 Zip 33309 — 30 County Broward |

9. Name and Address of Current Registered Agent

CORREA, THOMAS C
1152 N. UNIVERSITY DR.
SUITE 304
PEMBROKE PINE FL 33024

10. Name and Address of New Registered Agent

61 Name: Ivan de Souza, Jr.
62 Street Address (P.O. Box Number is Not Acceptable): 500 W. Cypress Creek Road
63: Suite 570
64 City: Fort Lauderdale, — 65 FL — Zip Code: 33309

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 _____ DATE
Signature, Typed or printed name of Registered Agent and Title if Applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | P | 11 TITLE | PRESIDENT Rogerio B. Lima, PRESIDENT | ☒ Change ☐ Addition |
| NAME | CORREA, THOMAS C | 12 NAME | | |
| STREET ADDRESS | 1152 N. UNIVERSITY DR. #304 | 13 STREET ADDRESS | 500 West Cypress Creek Road #570 | |
| CITY ST ZIP | PEMBROKE PINES FL | 14 CITY ST ZIP | Fort Lauderdale, FL 33309 | |
| TITLE | | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | | 22 NAME | | |
| STREET ADDRESS | | 23 STREET ADDRESS | | |
| CITY ST ZIP | | 24 CITY ST ZIP | | |
| TITLE | | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | | 32 NAME | | |
| STREET ADDRESS | | 33 STREET ADDRESS | | |
| CITY ST ZIP | | 34 CITY ST ZIP | | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY ST ZIP | | 44 CITY ST ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY ST ZIP | | 54 CITY ST ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY ST ZIP | | 64 CITY ST ZIP | | |

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

**SIGNATURE:** _____ 6/7/95 305-473-8998
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0141026 FP