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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000033859 (8)

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)	SECRETARY OF STATE	
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THE IN	ITERNATI	ONAL JET SET,	INC.	RE/N.	STAT	2	MEN	1	Julinai milangrika	OF STATE	re Danu	ili li ne nen nen
Principal Place	of Business		Mailine	1 Address								
			_	Mailing Address								003
5601 SW 76 #4	5601 SW 76 ST				5601 SW 76 ST				ENCTATER	nealt	all	-4 P
MIAMI FL 33	143			MIAMI FL 33143				5 6 6	Date Incorporated or Qualified	3a, Date	J.Y	Bonord
								3.	05/11/1993		6/30/19	105
2. Principal Pla	ace of Busino	. <u>-</u>	2a. Ma	a. Mailing Address					FEI Number		700/10	Applied For
21			26	٦				NOT APPLICABLE				
Sulte, Apt.	#, etc.		Su	Suite, Apt. #, etc.				Certificate of Status Desired	r	\$8.7	5 Additional	
22	27							J.	Certificate of Statos Desired		Fee	Required
City & State)		Cit	City & State					Election Campaign Financing	гэ .		OO May Ele
23			28	d				· 	Trust Fund Contribution	LI		ed to Fees
Zip	1	Country 25	Zip	>	ıntry	B. This corporation has liability for intangible tax under Florida Statutes			x under s	s 199.032,		
24		and Address of Curr	29 ent Registere	d Agent	30	1			Name and Address of New		Agent	
						81	Name					
RISHOD	. DONALD	F				82	Direct Add	diana (D.)	D. Box Number is Not Accepta	blol		
5601 SV		-				02	Street Add	aress (rv	o. Box mumber is not accepta	:DIE)	÷	i
#4						83				·		
MIAMI F	L 33143				·	84	City				les 7	rip Code
										FL	.	
11, Pursuant t	o the provisio	o is of Soctions 607,050	02 and 607.16	08, Florida Statu	tes, the abo	Ve-n	amed corpo	oration su	ubmits this statement for the po ectors. I hereby accept the ap	irpose of cha	nging Its	registered office
familiar wit	ih, and arcic	of the obligation Se	clic 1 007 950	orida Statute	S.	JOITA	OF ETFORT & DOC	ara or on	octors. Prioreby accorpt the app		rogistoro	o agon. ram
SIGNATURE _	/\	Draft -	Sulli			_			7/	14/97		
·	Signature, typed	printed name of registeres ago	nd and the Kappik. NO DIRECTOR	V	LTE: Registered	Agent	t signature require		nstatrigi ADDITIONS/CHANGES TO OF	FIGURE AND	DIDECT	ODC IN 16
12. TITLE	D	OF TOURS A	NO DINEGIO	DELETE	1.11	TLF		<u>-</u>	ADDITIONS/CHANGES TO OF		7 Change	
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	v certify that	the information supplied	I with this filing	a is voluntarily fun	nished and	doos	not qualify	for the e	xemption stated in Socion 119	0.07(3)(k), Flo	rida Statu	nes. I further

certify that the information indicated on this armunit report or supplemental and does not quality for the exemption stated in section 1.20.75(kg, riorida Statutes. Truthor certify that the information indicated on this armunit report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or directly of this corporation or the exemption of 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 or or on attachined with an address.

SIGNATURE:

395)666-1966