FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 11, 2000 8:00 am Secretary of State

05-11-2000 90310 046 ***150.00

| DOC | UMENT : | # | P93000033859 |
|-----|---------------------------------------|---|--------------------|
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1. Corporation Name

THE INTERNATIONAL JET SET, INC.

| Principal Place | e of Business | Ma | iling Address | | | | | |
|-------------------------------|--|---------|---------------------|-------------------|--------|----------------------------------|--|----------|
| 5601 SW 76 ST | | | 1 SW 76 ST | | | | | |
| #4 | | | #4 | | | | DO NOT WRITE IN THIS SPACE | |
| MIAMI FL 33143 MIAMI FL 33143 | | | | | | 3. Date Incorporated or Qualifed | 7 | |
| | | | | | | | 05/11/1993 | |
| 2 Principal D | ace of Business | 2a. | Mailing Address | | | | 4. FEI Number Applied For | ┨ |
| Z. Finicipal Fi | ace of business | 26 | Mailing Modress | | | | NOT APPLICABLE Not Applicable | 1 |
| Suite Ant | # etc | | Suite, Apt. #, etc. | | | | \$8.75 Additional | 1 |
| Suite, Apt. #, etc. | | 27 | – | | | | 5. Certificate of Status Desired Fee Required | ì |
| City & State | | - | Cíty & Státe | | | · | 6. Election Campaign Financing \$5.00 May Be | 7 |
| 23 | | 28 | • | | | | Trust Fund Contribution Added to Fees | ĺ |
| Zip | Country | | Zip Country | | | | 8. This corporation owes the current year Intangible | 7 |
| 4 | [25] | 29 | n | | | | Personal Property Tax. | 1 |
| | 9. Name and Address of Curren | | ered Agent | -1 1 - | T | | 10. Name and Address of New Registered Agent |] |
| | | | | | 81 | Name | Q | 1 |
| BISH | iop, donald e | | | | 82 | Stroot A | et Address (P.O. Box Number is Not Acceptable) | ┨ |
| 5601 | . SW 76 ST | | | | 02 | Sueer | Address (P.O. Dox Number is Not Acceptable) | |
| #4 | | | | | 83 | | | 7 |
| MIAN | fi FL 33143 | | | | - | | Oct 7:- Code | \dashv |
| | | | | | 84 | City | FL 85 Zip Code | |
| SIGNATURE | m familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a specific familiar with a specific familiar with a specific familiar with, and accept the obligation of familiar with a specific familiar w | | | E: Registere | d Agen | | e required when reinstating) DATE | |
| 12. | OFFICERS AN | D DIREC | | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | \dashv |
| TITLE | P | | ☐ DELETE | 1.1 7 | ITLE | ĺ | ☐ Change ☐ Addition | ۱, |
| NAME | BISHOP, DONALD E | | | 1.2 N | IAME | ļ | | - |
| STREET ADDRESS | 5601 SW 76TH ST., #4 | | | 1.3 \$ | TREET | ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | | | 1.4 0 | HY-\$1 | T-ZIP | | 4 |
| TITLE | | | DELETE | 2.1 T | TTLE | 1 | , Change Addition | ۱, |
| NAME | | | | 2.2 N | IAME | | | 1 |
| STREET ADDRESS | | | | 2.3 S | TREET | ADDRESS | s | 1 |
| CITY-ST-ZIP | | | | 2.40 | CITY-S | T-ZIP | | 4 |
| TITLE | | | ☐ DELETE | 3,1 T | TILE | - 1 | Change Addition | ' |
| NAME | | | | 3.2 N | AME | i | | |
| STREET ADDRESS | | | | 3.3 5 | TREET | FADDRESS | ss | 1 |
| CITY-ST-ZIP | | | | 3.4.0 | ζιτγ-s | T-ZIP | | 4 |
| TITLE | | | ☐ DELETE | 4,1 T | ΠLE | | ☐ Change ☐ Addition | `{ |
| NAME | | | | 4.21 | NAME | 1 | ' | 1 |
| STREET ADDRESS | | | | 4.3 S | TREET | FADDRESS | ss . | - |
| CITY-ST-ZIP | | | | _ | TY-S | T-ZIP | | _ |
| TITLE | | | DELETE | | TRE | ł | ☐ Change ☐ Addition | 1 |
| NAME | | | | | AME | 1 | | 1 |
| STREET ADDRESS | | | | | | TADORESS | SS | |
| CITY-ST-ZIP | | | · . | | aty-s | T-ZIP | | 4 |
| TITLE | . — | | ☐ DELETE | | TILE | | Change Addition | ן' |
| NAME | | | | | NAME | | | |
| STREET ADDRESS | | | | 6.3 9 | TREET | raddress (| 35 (| - [|

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 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 wither address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR ORBINITED NAME OF SIGNING OFFICER OF DIRECTOR

1/24/00 (305) 666-1966