

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:38

DOCUMENT # P93000076632 (7)

1. Corporation Name
JET AIR SERVICES SERV. INC.

Principal Place of Business Mailing Address
**1320 N. SEMORAN BLVD.
200
ORLANDO FL 32807** **1320 N. SEMORAN BLVD.
200
ORLANDO FL 32807**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
10/29/1993 **03/01/1994**

2. Principal Place of Business 2a. Mailing Address

21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27
City & State City & State

23 28
Zip Zip Country Country

24 25 29 30

4. FEI Number Appointed For
59-3201890 Not Applicable

5. Certificate of Status Desired \$0.75 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SLADE, LARRY
8101 ELSEE DRIVE
ORLANDO FL 32822**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 officer 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 _____ (Specify whether print name of registered agent and fee if applicable) (Print Registered Agent signature required when submitting) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	SLADE, LARRY
STREET ADDRESS	8101 ELSEE DRIVE
CITY-STATE-ZIP	ORLANDO FL 32822
TITLE	D
NAME	BERMUDEZ, HENDER
STREET ADDRESS	1320 N. SEMORAN BLVD., # 200
CITY-STATE-ZIP	ORLANDO FL 32807
TITLE	STD
NAME	SOARES, LEIBNITZ S
STREET ADDRESS	5903 PINTO LANE
CITY-STATE-ZIP	ORLANDO FL 32822
TITLE	D
NAME	UMPIERRE, LUIS
STREET ADDRESS	3538 E. GRAND ST.
CITY-STATE-ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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 110.07(3)(b), Florida Statutes. I further certify that the information disclosed in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if such person, both, that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE _____

PRINT NAME AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Leibnitz Soares, President

02/21/95

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