

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 06, 1999 8:00 am  
Secretary of State

05-06-1999 90043 011 \*\*\*150.00

DOCUMENT # P94000012143

1. Corporation Name  
JETPAK SERVICES INC.

Principal Place of Business

604 N.W. 57TH AVE.  
MIAMI FL 33126  
US

Mailing Address

604 N.W. 57 AVE.  
MIAMI FL 33126  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1994

4. FEI Number

65-0466794

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 1311 NW 12<sup>th</sup> Street

2a. Mailing Address

26 1311 NW 12<sup>th</sup> Street

Suite/Apt. #, etc.

22 #14

Suite, Apt. #, etc.

27 MIAMI, FLORIDA

City & State

23 MIAMI, FLORIDA

City & State

28 MIAMI, FLORIDA

Zip

24 33126

Country

25 DADE

Zip

29 33126

Country

30

9. Name and Address of Current Registered Agent

KENDAL, BRYAN  
604 NW 57 AVE.  
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

82 BRYAN KENDAL

83 Street Address (P.O. Box Number is Not Acceptable)

84 1311 NW 12<sup>th</sup> Street

85 Suite/Apt. #, etc.

86 SUITE #14

87 City

88 MIAMI

FL

89 Zip Code

90 33126

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 X

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME KENDAL, LINDA  
STREET ADDRESS 10860 S.W. 154 STREET  
CITY-ST-ZIP MIAMI FL 33157

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD  
1.2 NAME Linda Kendal  
1.3 STREET ADDRESS 1311 SW 12th Ave, N-103,  
1.4 CITY-ST-ZIP Miami, FL 33176

☒ Change

☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22

305 593 7005

Date

Daytime Phone #

CR2E034 (11/98)