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

DOCUMENT # P95000026590

Country

25

JET/USA INC.

Principal Place of Business 1655 BAY DR MIAMI BEACH FL 33141

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zio

Mailing Address

1655 BAY DR

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MIAMI BEACH FL 33141

2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90115 031 ***150.00



	•					
	DO NOT WRITE	E IN THIS	SPACE			
3.	Date Incorporated or Qualifed					
	04/04/1995					
4.	FEI Number			Applied For		
	65-0577293		П	Not Applicable		
5.	Certifcate of Status Desired		\$8.75 Additional Fee Required			
6.	Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees		
8.	This corporation owes the curre	nt year Int	angible			
	Personal Property Tax.		Yes	□No		
ΙΟ.	Name and Address of New Registered Agent					

Country

30

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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature req	urited when reinstating)	DATE	\
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	R\$ IN 12
TITLE	PS DELETE	1.1 TITLE		Change	☐ Addition
NAME	TAHHAN, ELIAS	1.2 NAME			Ì
STREET ADDRESS	1655 BAY DR	1.3 STREET ADDRESS		,	İ
CITY-ST-ZIP	MIAMI BEACH FL 33141	1.4 CITY-ST-ZIP			
TITLE	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME		2.2 NAME	1		ĺ
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE	·	Change	Addition
NAME		3.2 NAME	•	•	
STREET ADDRESS		3.3 STREET ADDRESS	•	•	
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME	-	4.2 NAME		•	•
STREET ADDRESS		4.3 STREET ADDRESS		ė	ļ
CITY-ST-ZIP		4.4 CITY-ST-ZIP		_	
TITLE	☐ DELETE	5.1 TITLE	·	Change	☐ Addition }
NAME		5.2 NAME	•		
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY- ST- ZIP		<u></u>	
TITLE	☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME		6.2 NAME			[
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP	entify that the information cumplied with this filing does not qualify for the	6.4 CITY-ST-ZIP			

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 address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRUITED NAME OF SIGNING OFFICER OR DIRECTO

3/3/99

305-861-2436 Dayting Phone # CR2E034 (11/98)