Appied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

**₿**No

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000026998

1. Corporation Name

JET ENGINE SUPPLY, INC.

Principal Place of Business				
7270 NW 12TH STREET #660 MIAMI FL 33126	7270 NW 12TH STREET #660 MIAMI FL 33126	DO NOT WRITE IN THIS SPACE		
		3. Date Incorporated or Qualified 03/22/1996		
2. Principal Place of Business 21 7200 N. W. 19th. St.	2a. Mailing Address 26 7200 N.W. 19th. St.	4. FEI Number 65-0653936		
Suite, Apt. #, etc. 22 Suite 412	Suite, Apt. #, etc. 27 Suite 412	5. Certificate of Status Desired XX	8. F	
City & Sate	City & State  28 Miami, FL	1 - 1	\$5 Ac	
Zip Country  24 33126	Zip Country	8. This corporation owes the current year Intangi Personal Property Tax.		

|25|Miami-Dade | 29 | 33126 9. Name and Address of Current Registered Agent

## **FILED** Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90175 039 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

10. Name and Address of New Registered Agent

LOPE	ez, Joseph F							
	BIRD RD.		82	Street A	Address (P.O. Box Number is N	ot Acceptable)		
STE.	<del></del>		83				<del></del>	-
	AL GABLES FL 33146		03					
CON	AL GABLES FL 33140		84	City		FL	85 Zip Co	ode
				l			- :	aistored
office or re	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of I in familiar with, and accept the obligation	Florida. Such change was author	ızea by	the corpo	co poration submits this statemination's board of cirectors. I he	ent for the purpose of reby accept the appo	intment as regi	stered
SIGNATURE						DATE	<del></del>	
	Signature, typed or printed nar ie of registered agent in		tered Age	nt signature re	ADDITIC NS/CHANGE		NO DIRECTOR	S IN 12
12.	OFFICERS AND		13.		PD	23 TO OFFICERS /II	Change	Addition
TITLE	PD					2 1	(address)	
NAME	VILLAVICENCIO, REBECCA		1.2 NAME		Villavicencio, l			
STREET ADDRESS	7270 NW 12TH STREET #660	1		TADDRESS	7200 N.W. 19th.	St. #412		
CITY-ST-ZIP	MIAMI FL 33126		I.4 CITY-S	T-ZIP	<u>Miami, FL 33126</u>		[X] Change	Addition
TITLE	VPS	<del></del>	2.1 TITLE		VPS	Pohorto	(address)	L Addition
NAME	VILLAVICENCIO, ROBERTO		2.2 NAME		Villavicencio, I		,	
STREET ADDRESS	7270 NW 12TH STREET #660		2.3 STREE	TADORESS	7200 N. W. 19th	. St. #412		
CITY-ST-ZIP	MIAMI FL 33126		2. 4 CITY-5	ST-ZIP	Miami, FL 33126	· · · · · · · · · · · · · · · · · · ·		
TITLE	VP	☐ DELETE	3.1 TITLE		VP			Addition
NAME	VILLAVICENCIO, ROBERT M		3.2 NAME		Villavicencio, I		(dddr CSS)	
STREET ADDRESS	7270 NW 12TH STREET #660	l	3 3 STREE	TADDRESS	7200 N. W. 19th	St. #412		1
CITY-ST-ZIP	MIAMI FL 33126		3 4. CITY-5	ST-ZIP	<u> Miami, FL 33126</u>	<del></del>		
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			1 2 NAME					
STREET ADDRESS			4 3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition \
NAME			5.2 NAME					
STREET ADDRESS		1	5.3 STREE	TADORESS				1
CITY-ST-ZIP			54 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition
NAME			5.2 NAME					İ
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			6 4 CITY-S					
14. I hereby o	certify that the informat on supplied with t	this filing does not qualify for the	exempt	ion stated	in Section 119.07 3)(i), Florida	Statutes. I further c	ertify that the inf	ormation

81 Name

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 (in director of the corporation or the receiver or trustee empowered to εxecute this report as required by Chapte 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed excut attach pent with an address, with a I other like empowered.

SIGNATURE:

Roberto Villavicencio, Vice President AND TYPED OR I RINTED NAME OF SIGNING OFFICER OR DIRECTOR