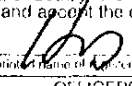
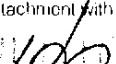


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000044029 (2) 1. Corporation Name SKYJET SERVICE, INC.			
Principal Place of Business 11140 LAKEVIEW SOUTH DRIVE PEMBROKE PINES FL 33026		Mailing Address 11140 LAKEVIEW SOUTH DRIVE PEMBROKE PINES FL 33026	
2. Principal Place of Business 21 SKYJET SERVICE Suite, Apt. #, etc. 22 City & State 23 Pembroke Pines Zip 24 33026 Country 25 BROWARD		2a. Mailing Address 26 11140 Lakeview S DR Suite, Apt. #, etc. 27 City & State 28 FL Zip 29 Country 30	
3. Date Incorporated or Qualified 05/17/1996		3a. Date of Last Report	
4. FEI Number 65-0668763		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 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 OH, HI SOO 11140 LAKEVIEW SOUTH DRIVE PEMBROKE PINES FL 33026		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		85 Zip Code	
FL			
14. 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: Registered Agent signature required when re-registering) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST OH, HI SOO 11140 LAKEVIEW SOUTH DRIVE PEMBROKE PINES FL 33026 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President Hi. SOO, OH 11140 Lakeview S DR. ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAN, HEE YANG 11140 LAKEVIEW SOUTH DRIVE PEMBROKE PINES FL 33026 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice President Hee Hyang HAN Same ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition
14. I do 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.			
SIGNATURE:  2/20 97. 			

CR2E034 (9/96)