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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT #P97000046264

1. Corporation Name
J & L Aviation, Inc.

Principal Place of Business	Mailing Address
12219 N.W. 35th Street Coral Springs, FL. 33065	12219 N.W. 35th Street Coral Springs, FL. 33065

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10585 N.W. 53rd Street 22 Suite, Apt. #, etc. 23 City & State: Sunrise, Florida 24 Zip: 33351 25 Country: USA	2a. Mailing Address 26 10585 N.W. 53rd Street 27 Suite, Apt. #, etc. 28 City & State: Sunrise, Florida 29 Zip: 33351 30 Country: USA

3. Date Incorporated or Qualified: 05-22-97

4. FEI Number: 65-0766734 ☐ 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 owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Julian Dominguez 12219 N.W. 35th Street Coral Springs, FL. 33065	81 Name: Julian DOMINGUEZ 82 Street Address (P.O. Box Number is Not Acceptable): 10585 N.W. 53rd Street 83 84 City: Sunrise FL 85 Zip Code: 33351

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: Julian Dominguez, President (NOTE: If changing Agent, Agent's signature required when reinstating) DATE: 4-22-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☒ Addition P, S, D Julian Dominguez 10585 N.W. 53rd Street Sunrise, FL. 33351
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☒ Addition V, T, D Luciano Mancini 10585 N.W. 53rd Street Sunrise, FL. 33351
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition 100002529311 -05/19/98--01061--042 ***150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/97)

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.

SIGNATURE: Julian Dominguez 4-22-98 (954) 746-5322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #