

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

FILED  
May 06 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 # P97000064780 (4)

1. Corporation Name

JET WINGS TRAVEL & TOURS, INC.

Principal Place of Business

2305 NORTHWEST 107TH AVENUE  
SUITE F201  
MIAMI FL 33172

Mailing Address

2305 NORTHWEST 107TH AVENUE  
SUITE F201  
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1997

4. FEI Number

65 - 0770311

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

2. Principal Place of Business

2a. Mailing Address

21 2264 NW 87th AVE

26 2264 NW 87th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 MIAMI, FL

28 MIAMI, FL

Zip

Country

Zip

Country

24 33172

29 33172

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81 Name

JHANGIMAL SONIA D.

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

9425 SW 91st STREET

83

84 City

MIAMI

FL

85 Zip Code

33176

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

Sonia D. Jhangimal

S.V.D.

04/20/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME JHANGIMAL, GOBINDRAN  
STREET ADDRESS 2305 NORTHWEST 107TH AVENUE  
CITY-ST-ZIP MIAMI FL 33172 ☐ DELETE

1.1 TITLE PD  
1.2 NAME JHANGIMAL, GOBINDRAN  
1.3 STREET ADDRESS 2264 NW 87th AVE  
1.4 CITY-ST-ZIP MIAMI, FL 33172 ☒ Change ☐ Addition

TITLE SVD  
NAME JHANGIMAL, SONIA D  
STREET ADDRESS 2305 NORTHWEST 107TH AVENUE  
CITY-ST-ZIP MIAMI FL 33172 ☐ DELETE

2.1 TITLE SVD  
2.2 NAME JHANGIMAL, SONIA D.  
2.3 STREET ADDRESS 2264 NW 87th AVE  
2.4 CITY-ST-ZIP MIAMI, FL 33172 ☒ Change ☐ Addition

TITLE TD  
NAME JHANGIMAL, SURESH G  
STREET ADDRESS 2305 NORTHWEST 107TH AVENUE  
CITY-ST-ZIP MIAMI FL 33172 ☐ DELETE

3.1 TITLE TD  
3.2 NAME JHANGIMAL, SURESH G  
3.3 STREET ADDRESS 2264 NW 87th AVE  
3.4 CITY-ST-ZIP MIAMI, FL 33172 ☒ 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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

Sonia D. Jhangimal

SONIA D. JHANGIMAL

04/20/98 305-591-1285

CR2E034 (10/97)