May 04, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700064780

1. Corporation Name

JET WINGS TRAVEL & TOURS, INC.

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Principal Place	o of Business	Ma	iling Address				{	intil ocht oblik i	1111 010 11 1000	i iriik bakk laak
2264 NW 87 AV			4 NW 87TH AVE							
SUITE FZ01			TE F201				ĺ			
MIAMI FL 33172	!	MIA	MI FL 33172					RITE IN THIS	SPACE	
US		US					3. Date Incorporated or Qualife	d		
	<u> </u>						07/28/1997			
2. Principal Pl	lace of Business	2a.	Mailing Address				4. FEI Number		— i — i	pplied For
21		26	_				<u>65-07703</u> 11			ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional
22		27						 ,		equired
City & State	e	\vdash	City & State				6. Election Campaign Financing	³ D		May Be
23		28			<u></u>		Trust Fund Contribution			to Fees
Zip	Country	Ь	Zip	Cour	ntry		8. This corporation owes the cu	rrent year Int	angibie □Yes	□No
24	25	29		30			Personal Property Tax. 10. Name and Address of New	Pagistared		
	9. Name and Address of Curren	it Regisi	ered Agent		81	Name	10. Name and Address of New	registereu	- Activ	
лані.	NGIMAL, SONIA D				١.	Hairio				
	SW 91ST ST				82	Street Add	ress (P.O. Box Number is Not Accep	otable)		
•	AI FL 33176			- 1	 -			· · · · · · · · · · · · · · · · · · ·		
IANTA	M 1 L 33 176				83 .					
				•	84	City	-	FL	. 85 Zip	Code
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florid	a. Such change was a	uthorized	by th	named corp ne corporati	poration submits this statement for the on's board of directors. I hereby acc	e purpose of ept the appoi	changing it ntment as n	s registered egistered
CICIALIONE										
	Signature, typed or printed name of registered age	nt and title i	f applicable. (NOTI	: Registered	Agent s	signature require	ed when reinstating)	DATE		
12.	OFFICERS AN		CTORS	13.		signature require	ed when reinstating) ADDITIONS/CHANGES TO O			
	PD OFFICERS AN		<u> </u>			signature require			ID DIRECT	ORS IN 12
12.	OFFICERS AN PD JHANGIMAL, GOBINDRAN		CTORS	13.	LΕ	signature require				
12.	OFFICERS AN		CTORS	13. 1.1 TIT 1.2 NA	LE ME	signature require				
12. TITLE NAME	OFFICERS AN PD JHANGIMAL, GOBINDRAN		CTORS DELETE	13. 1.1 TII 1.2 NA 1.3 STI	LE ME	ODRESS			Change	☐ Addition
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SONGE POIT THE PRINCE OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR