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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000000997**1. Corporation Name

JETAIR LEASING CORP.

Principal Place of Business

Mailing Address

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90201 035 ***150.00



2557 N.W. 74TH AVE MIAMI FL 33122		2557 N.W. 74TH AVE MIAMI FL 33122		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 01/02/1998		
2. Principal Pl	2a. Mailing Address	ng Address				Applied For	
21		26			65-0839949		Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	¥ - · ·	5 Additional Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		May Be ed to Fees
Zip 24	25 29 30			Country 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No			
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registere	d Agent	
DOC	HETEAN DAIDU		81	Name			
ROCHETEAU, RALPH 5757 N.W. 11TH ST, STE 160			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
MAN	fl FL 33126		83				
			84		poration submits this statement for the purpose	┗╵╎	ip Code
agent. I au SIGNATURE	egistered agent, or both, in the Stal m familiar with, and accept the obli- Signature, typed or printed name of registered a	gations of, Section 607.0505, Flori	ida Statutes	i.	ion's board of directors. I hereby accept the app		- Tegistereu
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIREC	TORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	- "		Chang	ge
NAME	MARTINS, ADELINO		1.2 NAME]
STREET ADDRESS	2557 N.W. 74TH AVE		1.3 STREE	T ADDRESS			Ì
CITY-ST-ZIP	MIAMI FL 33122		1.4 CITY-S	T-ZIP			
TITLE	VD	☐ DELETÉ	2.1 TITLE			Chan	ge 🗌 Addition
NAME	MARTINS, PAULO		2.2 NAME				
STREET ADDRESS	2557 N.W. 74TH AVE		2.3 STREE	TADDRESS		_	1
CITY-ST-ZIP	MIAMI FL 33122		2. 4 CITY- S	ST- ZIP		: 	e Addition
TITLE		☐ DELETE	3.1 TITLE			Chan	ie
NAME			3.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY-5 4.1 TITLE	51-ZIP		Chan	ge Addition
TITLE NAME			4. 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S				
TITLE		☐ DELETE	5.1 TITLE			[] Chan	ge 🔲 Addition
NAME.			5.2 NAME				Ì
STREET ADDRESS			5.3 STREE	TADORESS)
CITY-ST-ZIP			5.4 CITY- \$	T- ZIP			
TITLE		☐ DELETE	6.1 TITLE			Chan	ge 🗀 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			
CITY, ST. 7IP			6.4 CITY-S	T-ZIP			

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 of 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 any attachment with an address, with all other like empowered.

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

305-477-7074

K2E034 (11/98)