DOCUMENT # P99 000006593  1. Entity Name  1. G. N. JET SERVICES, INC.  Mailing Address  DO NOT WRITE IN THIS SPACE  Surfa, April 40.  Surfa, Apri
Principal Place of Business  Mailing Address  Mailing Address  B231 SW 107 AVE  Suite, Apt #, etc. SUITE A  City & State M1AM1 FLORIDA Country APT B2  MIAM1 FL 3B 126  Sureet Address of Current Registered Agent APT B2  MIAM1 FL 3B 126  Sureet Address (P. Obs. Number is Not Acceptable)  Sureet Address of Now Registered Agent  Name Chelistin M. Country APT B2  MIAM1 FL 2B 126  Sureet Address of Current Registered Agent  Name Chelistin M. Chelistic M. Sureet Address of Row Registered Agent  Name Chelistin M. Chelistic M. Sureet Address of Row Registered Agent  Name Chelistin M. Chelistic M. Sureet Address of Row Registered Agent  Name Chelistin M. Chelistic M. Sureet Address of Row Registered Agent  Name Chelistin M. Chelistic B231 SW 107  Sureet Address (P. Obs. Number is Not Acceptable)  April D2  MIAM1 FL Zip Code B231 SW 107  Sureet Address (P. Obs. Number is Not Acceptable)  April D2  April D2  April D3  Sureet Address (P. Obs. Number is Not Acceptable)  April D4  Sureet Address (P. Obs. Number is Not Acceptable)  April D4  Sureet Address (P. Obs. Number is Not Acceptable)  April D4  Sureet Address (P. Obs. Number is Not Acceptable)  April D4  Sureet Address (P. Obs. Number is Not Acceptable)  April D4  Sureet Address (P. Obs. Number is Not Acceptable)  April D4  Sureet Address (P. Obs. Number is Not Acceptable)  April D4  Sureet Address (P. Obs. Number is Not Acceptable)  April D4  Sureet Address (P. Obs. Number is Not Acceptable)  April D4  Sureet Address (P. Obs. Number is Not Acceptable)  April D4  Sureet Address (P. Obs. Number is Not Acceptable)  April D4  Sureet Address (P. Obs. Number is Not Acceptable)  April D4  Sureet Address (P. Obs. Number is Not
2. Principal Place of Business 8231 SW 107 AVE Suite, Apt. #, etc. SUITE A City & State MIAM   FLORIDA   Size   Suite, Apt. #, etc. Apt. # Size   Suite, Apt. #, etc. SUITE A Country   Size   MIAM   FLORIDA   Size   MIAM   Florida   Size   MIAM   Florida   MIAM
Suite, Apt. #, etc. Suite,
Suite, Apt. #, etc. Suite,
Suite, Apt. #, etc. SUITE A  City & State  MIAM! FLORIDA  City & State  MIAM! FLORIDA  City & State  MIAM! FLORIDA  Country  Sipanifer for Not Applicable  Country  C
MIAM   FLORIDA   MIAM   FLORIDA   G5 - 0890417   Not Applicable    Zip 33173   Country   J. A.   S. Certificate of Status Desired   \$8.75 Additional Fee Required    6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent    Name   CHEISTIAN   CARRASCO    Street Address (P.O. Box Number is Not Acceptable)    BZ31   SW   D7    APT BZ   WITE   A    MIAM   FL 3/3   Z/6   City   MIAM   FL   Zip Code   33.173    8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE   Signature frequired when reinclashing   Signature required when reinclashing    9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.   City   MIAM   State    Signature   Signature frequirement and elects to do so.   City   MIAM   State    A-11-01   Carrent   State   State   State   State   State    10. Election Campaign Financing   State   Stat
6. Name and Address of Current Registered Agent  CAMPDS, CARLOS.  BZOO NW IOTH STREET  APT BZ  MIAMI, FL 331Z6  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATUR
CAMPOS CARLOS  BZOO NW IOTH STREET  APT BZ  MIAMI FL 33   26  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE   Signature types or printed name of registered agent and the if applicable  (NOTE Registered Agent signature required when reinstaining)  9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
APT B2  MIAMI_FL 3:3   26  City MIAMI FL   Zip Code   33   73  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE   X
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE   Signature: Signature
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
Tax filing requirement and elects to do so.  (See criteria on back)  After MAX 1, 2001 Fee will be \$550.00.  Make Check Rayable to Department of State  11.  OFFICERS AND DIRECTORS   12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
MAME B200 NW 10 STREET BZ STREET ADDRESS CITY-ST-ZIP MIAMI FL 333176  CHRISTIAN CARRASCO, STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 333176
TITLE   Delete   TITLE   Change   Addition   STREET ADDRESS   STREET ADDRE
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TITLE         ☐ Delete         TITLE         ☐ Change         ☐ Addition           NAME         NAME
STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  ADDRESS  CITY-ST-ZIP  ADDRESS  CITY-ST-ZIP  ADDRESS  CITY-ST-ZIP
13. 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 report or suppliemental 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 at trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: X 4-11-01 (305)322-8267.

Hachment HTGChment HTGGWWGW593

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	L.G.N. JET SERVICES INC.
	MIAMI SPRINGS, FL 33166 63-6413/2870
(	DATE 4-11-01
PAY TO THE ORDER OF	PEPARTMENT OF STATE
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FOR	Jain Jano Mille
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