

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

PROFIT CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 18 1997 8:00 am
Secretary of State

DOCUMENT # **V15085**
1. Corporation Name
SKY JET CORPORATION

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified **02-19-1997** 3a. Date of Last Report **06-11-1996**

21. Principal Place of Business 6929 NW 46 Street Suite, Apt. #, etc.		2a. Mailing Address 701 NW 101 Terrace Suite, Apt. #, etc.		4. FEI Number 65-0402478		Applied For <input type="checkbox"/> Not Applicable	
22. City & State Miami FL		27. City & State Plantation FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip 33166		25. Country USA		29. Zip 33324		30. Country USA	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81. Name Linda M. Smith, Esq.			
				82. Street Address (P.O. Box Number is Not Acceptable) 11900 Biscayne Blvd Ste 200			
				83.			
				84. City N. Miami FL 85. Zip Code 33181			

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 *Linda M Smith* DATE **4/4/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	P/D
STREET ADDRESS		1.3 STREET ADDRESS	ALOUF, Amos
CITY-STATE-ZIP		1.4 CITY-ST-ZIP	701 NW 101 Terr. Plantation, FL 33324
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	300002148483
STREET ADDRESS		6.3 STREET ADDRESS	-04/21/97--01016--002
CITY-STATE-ZIP		6.4 CITY-ST-ZIP	***165.00

14. I declare and 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 included on this annual report or a biennial 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; that the recipient of this report is authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, I changed, or on an attached sheet with an address

SIGNATURE: *Amos Alouf* DATE: **4-15-97** DAYTIME PHONE #

CR2E034 (9/96)