

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 23 1996 8:00 am  
Secretary of State

DOCUMENT # V17906 (1)

1. Corporation Name

JET BOX CORPORATION

Principal Place of Business

7500 NW 25TH STREET  
UNIT 13  
MIAMI FL 33122  
US

Mailing Address

7500 NW 25TH STREET  
UNIT 13  
MIAMI FL 33122  
US

3. Date Incorporated or Qualified

03/02/1992

3a. Date of Last Report

04/27/1995

4. FEI Number

65-0315604

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 has liability for intangible tax under s 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALINDO, HERNAN  
1855 NW 70TH AVE  
MIAMI FL 33126

81 Name

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

83

84 City

FL

85 Zip Code

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

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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PS  
GALINDO, HERNAN  
818 CATALONIA AVE  
CORAL GABLES FL 33134

☐ DELETE

1.1 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
~~RUEDA, EDUARDO~~  
~~2333 BRICKELL AVE~~  
~~MIAMI FL~~

☒ DELETE

2.1 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY- ST- ZIP  
Vice-President  
Lara, Maria Eugenia  
2333 Brickell Ave. Ph.101  
Miami, FL 33129

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
~~AMAYA, JOSE A~~  
~~10310 SW 138TH COURT~~  
~~MIAMI FL~~

☒ DELETE

3.1 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP  
Managing Director  
Garcia, Juan Mauricio  
4120 Lybyer Avenue  
Miami, FL 33133

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
~~SOLO, LUIS J~~  
~~1440 SOUTH BAYSHORE DRIVE, APT. 806~~  
~~MIAMI FL 33131~~

☒ DELETE

4.1 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP  
Treasurer  
Soto, Luis J.  
540 Miller Road  
Coral Gables, FL 33146

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ DELETE

5.1 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ DELETE

6.1 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY- ST- ZIP  
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-16-96 305/599-3923

Date

Daytime Phone #

CR2E034 (12/95)