**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

DOCUMENT # **V38884** **(5)**

1. Corporation Name

**JET-A-WAY OF MIAMI, INC.**

Principal Place of Business

**9231 LITTLE RIVER DRIVE**
**MIAMI FL 33147**
**US**

Mailing Address

**9231 LITTLE RIVER DRIVE**
**MIAMI FL 33147**
**US**

3. Date Incorporated or Qualified: **05/26/1992**

3a. Date of Last Report: **04/14/1995**

4. FEI Number: **65-0341833** — 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 authority for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

**SMILEY, LEVON JR**
**13899 BISCAYNE BLVD**
**PENTHOUSE 2**
**NORTH MIAMI BEACH FL 33181**

10. Name and Address of New Registered Agent

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 Section 607.0505(2), 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: Levon Smiley Jr
SIGNATURE OF NEW REGISTERED AGENT — DATE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | PD | ☐ DELETE |
| NAME | SMILEY, LEVON J | |
| STREET ADDRESS | 9231 LITTLE RIVER DRIVE | |
| CITY, ST, ZIP | MIAMI FL | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---|---|
| 1 TITLE | ☐ Change ☐ Addition |
| 2 NAME | |
| 3 STREET ADDRESS | |
| 4 CITY, ST, ZIP | |
| 5 TITLE | ☐ Change ☐ Addition |
| 6 NAME | |
| 7 STREET ADDRESS | |
| 8 CITY, ST, ZIP | |
| 9 TITLE | ☐ Change ☐ Addition |
| 10 NAME | |
| 11 STREET ADDRESS | |
| 12 CITY, ST, ZIP | |
| 13 TITLE | ☐ Change ☐ Addition |
| 14 NAME | |
| 15 STREET ADDRESS | |
| 16 CITY, ST, ZIP | |
| 17 TITLE | ☐ Change ☐ Addition |
| 18 NAME | |
| 19 STREET ADDRESS | |
| 20 CITY, ST, ZIP | |
| 21 TITLE | ☐ Change ☐ Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY, ST, ZIP | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this annual report, to the extent it 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 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 is added in Block 13 or 14 if applicable.

**SIGNATURE:** Levon Smiley Jr
SIGNATURE AND TYPED OR PRINTED NAME OF ... OFFICER OR DIRECTOR — DATE