FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 21 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04200** **(6)**

1. Corporation Name
WORLD AIR LEASE, INC.

Principal Place of Business	Mailing Address
116 ARAGON AVE. **CORAL GABLES FL 33134**	**116 ARAGON AVE.** **CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/21/1989**
3a. Date of Last Report: **05/01/1994**

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)

4. FEI Number: **65-0143851** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STAGG, DARD **116 ARAGON AVE** **CORAL GABLES FL 33134**	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	CONESE, EUGENE SR	1.2 NAME		
STREET ADDRESS	116 ARAGON AVE.	1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE		☐ Change ☐ Addition
NAME	METZGER, SUSAN MARIE	2.2 NAME		
STREET ADDRESS	116 ARAGON AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	EAGAN, DEBORAH	3.2 NAME		
STREET ADDRESS	116 ARAGON AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP		
TITLE	TS	4.1 TITLE		☐ Change ☐ Addition
NAME	CONESE, ANNA MAY	4.2 NAME		
STREET ADDRESS	116 ARAGON AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP		
TITLE	VP	5.1 TITLE		☐ Change ☐ Addition
NAME	CONESE, EUGENE JR	5.2 NAME		
STREET ADDRESS	116 ARAGON AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP		
TITLE	AS	6.1 TITLE	AS	XX Change ☐ Addition
NAME	[illegible]	6.2 NAME	BETTY S. JOHNSON	
STREET ADDRESS	[illegible]	6.3 STREET ADDRESS	116 ARAGON AVENUE	
CITY-ST-ZIP	[illegible]	6.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	

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 hereinabove, or on an attachment with an asterisk.

SIGNATURE: [signature] (Eugene P. Conese Dir.) 4/17/95 (305)442-9272
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0140400 CP