

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 # **L04200 (6)**

1. Corporation Name
WORLD AIR LEASE, INC.



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

3. Date Incorporated or Qualified: **07/21/1989**
3a. Date of Last Report: **04/21/1995**

2. Principal Place of Business: **21 4590 N.W. 36th St.**
2a. Mailing Address: **26 P.O. Box 523902**

4. FEI Number: **65-0143851**
Applied For: Not Applicable:

22. Suite, Apt. #, etc.: **MIAMI, FL**
27. Suite, Apt. #, etc.: **Miami, FL**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **MIAMI, FL**
28. City & State: **Miami, FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: **33132** 25. Dade
29. Zip: **33152** 30. Dade

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**STAGG, DARD
116 ARAGON AVE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable): **4590 N.W. 36th Street**
83. **P.O. Box 523902**
84. City: **Miami** 85. Zip Code: **FL 33152**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONESE, EUGENE SR	1.2 NAME	4590 N.W. 36th St.
STREET ADDRESS	116 ARAGON AVE.	1.3 STREET ADDRESS	MIAMI, FL 33122
CITY - ST - ZIP	CORAL GABLES FL 33134	1.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METZGER, SUSAN MARIE	2.2 NAME	4590 N.W. 36th St.
STREET ADDRESS	116 ARAGON AVENUE	2.3 STREET ADDRESS	Miami, FL 33122
CITY - ST - ZIP	CORAL GABLES FL	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAGAN, DEBORAH	3.2 NAME	4590 N.W. 36th St.
STREET ADDRESS	116 ARAGON AVE.	3.3 STREET ADDRESS	Miami FL 33122
CITY - ST - ZIP	CORAL GABLES FL 33134	3.4 CITY - ST - ZIP	
TITLE	TS <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONESE, ANNA MAY	4.2 NAME	4590 N.W. 36th St.
STREET ADDRESS	116 ARAGON AVE	4.3 STREET ADDRESS	Miami FL 33122
CITY - ST - ZIP	CORAL GABLES FL	4.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONESE, EUGENE JR	5.2 NAME	4590 N.W. 36th St.
STREET ADDRESS	116 ARAGON AVE	5.3 STREET ADDRESS	Miami FL 33122
CITY - ST - ZIP	CORAL GABLES FL	5.4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, BETTY S	6.2 NAME	4590 N.W. 36th St.
STREET ADDRESS	116 ARAGON AVENUE	6.3 STREET ADDRESS	Miami FL 33122
CITY - ST - ZIP	CORAL GABLES FL	6.4 CITY - ST - ZIP	

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: *Eugene Conese* DATE: **4/23/96** (305) 870-8000

CR2E034 (12/95)