

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L04200 (6)
 1. Corporation Name
WORLD AIR LEASE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4590 NW 36TH ST MIAMI FL 33122 US	Mailing Address PO BOX 523902 MIAMI FL 33152 US
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3. Date Incorporated or Qualified 07/21/1989	4. FEI Number 65-0143851	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 55 Alhambra Plaza	2a. Mailing Address 26 P.O. Box 14-5210
Suite, Apt. #, etc. 22 2 Columbus Ctr, Ste 600	Suite, Apt. #, etc. 27
City & State 23 Coral Gables, FL	City & State 28 Coral Gables, FL
Zip 24 33134	Country 25 USA
Zip 29 33114-5210	Country 30 USA

9. Name and Address of Current Registered Agent

STAGG, DARD
 4590 NW 36TH STREET PO BOX 523902
 MIAMI FL 33152

10. Name and Address of New Registered Agent

81 Name **Martha M. de Leon Belloc**
 82 Street Address (P.O. Box Number is Not Acceptable)
Two Columbus Center
 83 **55 Alhambra Plaza, Suite 600**
 84 City **Coral Gables** **FL** 85 Zip Code **33134**

11. Pursuant to the provisions of Sections 607.050 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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]* **M. de Leon Belloc** **4/7/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CONESE, EUGENE SR		1.2 NAME Conese, Eugene P. Sr.	
STREET ADDRESS 4591 NW 38TH ST		1.3 STREET ADDRESS 55 Alhambra Plz, 2 Columbus Ctr Ste 600	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP Coral Gables, FL 33134	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME METZGER, SUSAN MARIE		2.2 NAME Metzger, Peter	
STREET ADDRESS 4591 NW 38TH ST		2.3 STREET ADDRESS 2 Columbus Ctr, 55 Alhambra Plz, Ste 600	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP Coral Gables, FL 33134	
TITLE V	<input type="checkbox"/> DELETE	3.1 TITLE AVP/S/AT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME EAGAN, DEBORAH		3.2 NAME de Leon Belloc, Martha M.	
STREET ADDRESS 4590 NW 38TH STREET		3.3 STREET ADDRESS 2 Columbus Ctr, 55 Alhambra Plz, Ste 600	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP Coral Gables, FL 33134	
TITLE TS	<input type="checkbox"/> DELETE	4.1 TITLE T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CONESE, ANNA MAY		4.2 NAME Conese, Anna May	
STREET ADDRESS 4590 NW 38TH ST		4.3 STREET ADDRESS 2 Columbus Ctr, 55 Alhambra Plz, Ste 600	
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP Coral Gables, FL 33134	
TITLE VP	<input type="checkbox"/> DELETE	5.1 TITLE VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CONESE, EUGENE JR		5.2 NAME Conese, Eugene Jr.	
STREET ADDRESS 4590 NW 38TH STREET		5.3 STREET ADDRESS 2 Columbus Ctr, 55 Alhambra Plz, Ste 600	
CITY-ST-ZIP MIAMI FL		5.4 CITY-ST-ZIP Coral Gables, FL 33134	
TITLE V	<input type="checkbox"/> DELETE	6.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROADMEADOW, EDWARD		6.2 NAME Broadmeadow, Edward	
STREET ADDRESS 4590 NW 38 ST		6.3 STREET ADDRESS 2 Columbus Ctr, 55 Alhambra Plz, Ste 600	
CITY-ST-ZIP MIAMI FL		6.4 CITY-ST-ZIP Coral Gables, FL 33134	

14. I hereby 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 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 in an attachment with an address.

SIGNATURE: *[Signature]* **M. de Leon Belloc** **4/7/98 (305) 774-3500**

CR2E034 (10/97)