


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

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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90037 031 ***150.00

01/22/10

***PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L04200
 1. Corporation Name
WORLD AIR LEASE, INC.

Principal Place of Business
 55 ALHAMBRA PLAZA
 2 COLUMBUS CTR. STE 600
 CORAL GABLES FL 33134
 US

Mailing Address
 P O BOX 145210
 CORAL GABLES FL 33114-210
 US



DO NOT WRITE IN THIS SPACE

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

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

3. Date Incorporated or Qualified
07/21/1989

4. FEI Number
65-0143851

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
DE LEON BELLOC, MARTHA M
2 COLUMBUS CTR
55 ALHAMBRA PLAZA, STE 600
CORAL GABLES FL 33134

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 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 CD <input type="checkbox"/> DELETE	NAME CONESE, EUGENE SR	1.1 TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Metzger, Peter
STREET ADDRESS 55 ALHAMBRA PLZ, 2 COLUMBUS CTR STE 600	CITY-ST-ZIP CORAL GABLES FL 33134	1.2 NAME	55 Alhambra Plaza, Suite 600
TITLE P <input type="checkbox"/> DELETE	NAME METZGER, SUSAN MARIE	1.3 STREET ADDRESS	Coral Gables, FL 33134
STREET ADDRESS 2 COLUMBUS CTR, 55 ALHAMBRA PLZ, STE 600	CITY-ST-ZIP CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	
TITLE AVPS <input type="checkbox"/> DELETE	NAME DE LEON BELLOC, MARTHA M	2.1 TITLE Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Metzger, Susan Marie
STREET ADDRESS 2 COLUMBUS CTR, 55 ALHAMBRA PLZ, STE 600	CITY-ST-ZIP CORAL GABLES FL 33134	2.2 NAME	55 Alhambra Plaza, Suite 600
TITLE TD <input type="checkbox"/> DELETE	NAME CONESE, ANNA MAY	2.3 STREET ADDRESS	Coral Gables, FL 33134
STREET ADDRESS 2 COLUMBUS CTR, 55 ALHAMBRA PLZ STE 600	CITY-ST-ZIP CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	
TITLE VPD <input type="checkbox"/> DELETE	NAME CONESE, EUGENE JR	3.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Conese, Mark
STREET ADDRESS 2 COLUMBUS CTR, 55 ALHAMBRA PLZ STE 600	CITY-ST-ZIP CORAL GABLES FL 33134	3.2 NAME	55 Alhambra Plaza, Suite 600
TITLE V <input type="checkbox"/> DELETE	NAME BROADMEADOW, EDWARD	3.3 STREET ADDRESS	Coral Gables, FL 33134
STREET ADDRESS 2 COLUMBUS CTR, 55 ALHAMBRA PLZ, STE 600	CITY-ST-ZIP CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	D Eagan, Deborah
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	55 Alhambra Plaza, Suite 600
TITLE	NAME	4.3 STREET ADDRESS	Coral Gables, FL 33134
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Conese* **REMOVED** de Leon Belloc 1/28/99 (305) 774-3500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)