

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M29152** (9)

1. Corporation Name

J. & E. AVIATION LEASING, INC.

Principal Place of Business

**C/O ERNESTO CASTRILLO
1840 NW 93RD AVE.
MIAMI FL 33172**

Mailing Address

**C/O ERNESTO CASTRILLO
1840 NW 93RD AVE.
MIAMI FL 33172**



2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CASTRILLO, ERNESTO
1840 NW 93RD AVE.
MIAMI FL 33172**

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 609.01 and 609.11(4), Florida Statutes, this 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 609.01(4), Florida Statutes.

SIGNATURE

Name and Title of Signer

Name and Title of Registered Agent

Date

12

OFFICERS AND DIRECTORS

13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

**PD
CASTRILLO, JULIO
14404 SW 93RD AVE.
MIAMI FL**

☐ DELETED

1. TITLE

☐ Change ☐ Addition

2. NAME

2. NAME

3. STREET ADDRESS

3. STREET ADDRESS

4. CITY & STATE

4. CITY & STATE

5. ZIP

5. ZIP

6. NAME

6. NAME

7. STREET ADDRESS

7. STREET ADDRESS

8. CITY & STATE

8. CITY & STATE

9. ZIP

9. ZIP

10. NAME

10. NAME

11. STREET ADDRESS

11. STREET ADDRESS

12. CITY & STATE

12. CITY & STATE

13. ZIP

13. ZIP

14. NAME

14. NAME

15. STREET ADDRESS

15. STREET ADDRESS

16. CITY & STATE

16. CITY & STATE

17. ZIP

17. ZIP

18. NAME

18. NAME

19. STREET ADDRESS

19. STREET ADDRESS

20. CITY & STATE

20. CITY & STATE

21. ZIP

21. ZIP

22. NAME

22. NAME

23. STREET ADDRESS

23. STREET ADDRESS

24. CITY & STATE

24. CITY & STATE

25. ZIP

25. ZIP

14. I hereby certify that the information supplied with this filing is true and correct and does not qualify for the exemption stated in Section 119.07(4)(b), 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. I am an officer or director of the corporation or the registered or trusted employee 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 both, of this report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/16

1305/594-2053

CR2E034 (12/95)