

**CORPORATION
ANNUAL REPORT
1995**



Florida Department of State
Division of Corporations
Secretary of State

FILED

95 MAR 31 AM 10:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # M43859

(1)

1. Corporation Name

AEROLEASE INTERNATIONAL, INC.

Principal Place of Business

**6303 BLUE LAGOON DR STE 380
MIAMI FL 33126**

Mailing Address

**6303 BLUE LAGOON DR STE 380
MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/24/1986

3a. Date of Last Report

04/05/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-2752063

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

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

**AEROLEASE CORPORATION
6303 BLUE LAGOON DRIVE
SUITE 380
MIAMI FL 33126**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	GOLDBERG, MICHAEL A.
STREET ADDRESS	6303 BLUE LAGOON DRIVE, #380
CITY - ST - ZIP	MIAMI FL
TITLE	ST
NAME	GOLDBERG, ANA
STREET ADDRESS	6303 BLUE LAGOON DRIVE, #380
CITY - ST - ZIP	MIAMI FL
TITLE	V
NAME	CORLEY, TIM
STREET ADDRESS	4851 RIVERA DR
CITY - ST - ZIP	CORAL GABLES FL
TITLE	V
NAME	WEISEN, ARTHUR
STREET ADDRESS	15821 CANTERBURY CT
CITY - ST - ZIP	DAVE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
3	STREET ADDRESS	
4	CITY - ST - ZIP	200001448972
5	TITLE	04/06/95 - 01023 - 015
6	NAME	****200.00 ****200.00
7	STREET ADDRESS	
8	CITY - ST - ZIP	
9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10	NAME	
11	STREET ADDRESS	
12	CITY - ST - ZIP	16725 SW 82ND CT MIAMI, FL 33157
13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14	NAME	
15	STREET ADDRESS	
16	CITY - ST - ZIP	
17	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18	NAME	
19	STREET ADDRESS	
20	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(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, 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:

Art Weisen

ART WEISEN

3/13/95

305-261-8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Corporate Number)