

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 20 AM 7:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000028346 (2)**

1. Corporation Name

**UNIVERSAL AIR LEASE INC.**

Principal Place of Business

**116 ARAGON AVE  
CORAL GABLES FL 33134**

Mailing Address

**116 ARAGON AVE  
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**04/08/1994**

3a. Date of Last Report

4. FEI Number

**65-0499592**

Applied For

Not Applicable

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 has liability for intangible tax under S. 199.037,  
Florida Statutes  Yes  No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**STAGG, DARD F  
4590 NW 38 ST  
BLDG 23  
MIAMI FL 33122**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D/P  
CONESE, EUGENE P SR  
116 ARAGON AVE  
CORAL GABLES FL 33134**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VP  
METZGER, SUSAN MARIE  
116 Aragon Ave.  
Coral Gables, FL 33134**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VP  
EAGAN, DEBORAH  
116 Aragon Avenue  
Coral Gables, FL 33134**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**TS  
CONESE, ANNA MAY  
116 Aragon Avenue  
Coral Gables, FL 33134**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VP  
CONESE, EUGENE JR.  
116 Aragon Avenue  
Coral Gables, FL 33134**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**AS  
BETTY S. JOHNSON  
116 Aragon Avenue  
Coral Gables, FL 33134**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

Change  Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

Change  Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

Change  Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

Change  Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

Change  Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

Change  Addition

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 110.07(3)(4), 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 affidavit with the address.

SIGNATURE:

*Eugene P. Conese*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Eugene P. Conese, Dir.) 4/17/95

(305)442-9272