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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 571633

(7)

Mailing Address

JET HELICOPTER LEASING, INC.

FILED Apr 01 1997 8:00am Secretary of State

IIOM AIKA IKADA		(#10 i #161; 019)	

14238 SW 136T MIAMI FL 33186		14238 SW 136TH ST Miami FL 33186-6712 US			
US		00		3. Date Incorporated or Qualified 05/02/1978	3a. Date of Last Report 04/02/1996
2. Principal Pla 21 14212	ace of Business . S.W. 136 Street	28. Mailing Address 26 14212 S.W.	36 Stree	4. FEI Number 59-1848397	Applied For Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	PLDA	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7ip 24 3318(Country	Zip 29 33186-6712 31	Country	8. This corporation has fiability for Florida Statutes	intangible tax under s. 199.032, Yes No
	9. Name and Address of Curren			10. Name and Address of New Re	gistered Agent
1423	DON, SPENCER B 18 SW 136TH ST AI FL 33186		81 Name 82 Street 142 83	Address (P.O. Box Number is Not Accepta 12 S.W. 136 Street	ole)
			84 City	HALL	FL 85 Zip Code 33186
office or re agent. Lar	o the provisions of Sections 607.050 spistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was auf	, the above-named horized by the corr	corporation submits this statement for the poration's board of directors. I hereby acce	ourpose of changing its registered pt the appointment as registered
SIGNATURE	Signature: typed or printed name of registered age			required when reinstating)	DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change Addition
NAME STREET ADDRESS	GORDON, SPENCER B. 14238 SW 136TH ST	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		LJ Olasiju LJ Adukkoi
City-SI-7/P	MIAMI FL		1.4 CiTY-ST-ZIP		
THILF		DELETE	2 1 TITLE		Change Addition
NAME			22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TOLE		DELETE	3.1 TITLE		Change Additio
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
C(TY+ST+ZIP			3.4. CITY+ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Additio
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Additio
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Additio
NAME			6.2 NAME		
STREET ADDRESS		•	6.3 STREET ADDRESS		
CITY-S1-ZIF			6.4 CITY - ST - ZIP		
informatio	n indicated on this annual report of i	supplemental annual report is tru r the receiver or trustee empowe	ie and accurate and red to execute this	stated in Section 119.07(3)(i), Florida Statut d that my signature shall have the same leg report as required by Chapter 607 , Florida	iai erreci as il made under dam: 111