

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **651503** (5)

1. Corporation Name  
**AVIATION CARGO LEASING CORP.**



Principal Place of Business: % SAMUEL STEEN, P.O. BOX 522053, MIAMI FL 33152  
Mailing Address: % SAMUEL STEEN, P.O. BOX 522053, MIAMI FL 33152

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. % SAMUEL STEEN		26. % SAMUEL STEEN		11/19/1979	02/21/1995
22. P.O. BOX 431433		27. P.O. BOX 431433		4. FEI Number	Applied For
23. MIAMI FL		28. MIAMI FL		59-2203987	Not Applicable
24. 33243		29. 33243		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25. US		30. US		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STEEN, SAMUEL 1500 SAN REMO AVE., STE. 815 CORAL GABLES FL 33146				81. Name STEEN, SAMUEL			
				82. Street Address (P.O. Box Number is Not Acceptable) 140 SO. PROSPECT DR.			
				83.			
				84. City CORAL GABLES FL 85. Zip Code 33133			

11. Pursuant to the provisions of Sections 607.0602 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 of the principal officer or director and the registered agent (if the registered agent is not the principal officer or director) and the date. (If the registered agent's signature is required when registering, the date.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PTD	TORO, ANTHONY A TORO	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
1180 QUAIL AVENUE	MIAMI SPRGS, FL 00000	PD	TORO, LYSBETH H.
SD	STEEN, SAMUEL	1180 QUAIL AVENUE	MIAMI SPRINGS, FL 33166
1500 SAN REMO AVE., STE 215	CORAL GABLES FL	2.1 TITLE	STEEN, SAMUEL
		2.2 NAME	140 SO. PROSPECT DR
		2.3 STREET ADDRESS	CORAL GABLES, FL 33133
		2.4 CITY-ST-ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 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(3)(k), 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: *[Signature]* SAMUEL STEEN 1-18-96 /305/667-2968

CR2E034 (12/95)