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

CORPORATION ANNUAL REPORT



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

1996

857383

(4)

**DOCUMENT #** 1. Corporation Name

COMMODORE AVIATION, INC.

					<b>.</b>				
Principal Place	e of Business	Mailing Address				i ideala, saidi avti sadda sildi il	)   <b>4 8</b>	Digit gibtt biblt åtått biblt 1681	
P O BOX MIAMI FL	5300 NW 36 ST P O BOX 661078 NA Miami Fl 33142-3206		PO BOX 661078 P O BOX 661078 NA MIAMI FL 33266-1078						
US 		U\$		3. Date Incorporated or Qualified 08/11/1983	<b>3a</b> . Da	te of Last Report 05/10/1995			
21	face of Business	2a. Mailing Addres	2a. Mailing Address			4. FEI Number 13-2985551		Applied For Not Applicable	
Suite, Apt.		Suite, Apt. #, (	Suite, Apt. #, etc. 27			5. Certificate of Status Desired	×	\$8.75 Additional Fee Required	
City & Stat	e 	City & State	— <sub>(</sub> ·			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Ζφ <b>24</b>	Country 25	2 <sub>(p</sub>	30	untry		8. This corporation has liability for Florida Statutes	intangible t	tax under s. 199.032,	
·····	<ol><li>Name and Address of Curren</li></ol>	t Registered Agent				10. Name and Address of New F	Registered	Agent	
				81	Name				
	ier, R. Lawrence				Street Addr	Address (P.O. Box Number is Not Acceptable)			
100 SE 2ND ST 34TH FLOOR, CENTRUST FINANCIAL CENTER				82	On Cot Mag	radiodo (1 to 1 200 Marinos la Not ripropitativo)			
				83					
MAM	FL 33131			84	City			7:- 0-4	
					•		Fl	85 Zip Code	
	to the provisions of Sections 607.0502 red agent, or both, in the State of Floric ith, and accept the obligations of, Secti			ove-n corpo	amed corpor pration's boar	ation submits this statement for the pur d of directors. I hereby accept the app	rpose of ch bintment a	langing its registered office s registered agent. I am	
SIGNATURE	Signature, typed or printed name of registered agent	ann to e if applicable	(NOTE Pogrape	d Ägent	 Signature neg ane:	divities revistating.	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTORS IN 12	
THILE	VP	DELET	E 11	HILE	V/			Change 🔀 Addition	
NAME	FITZGERALD, BRIAN T	Delete	1.23	NAME		N BASAT, ASHER			
STREET ADDRESS	- 5300 NW 36TH ST	velete.	133	STREET.	ADDRESS   <b>53</b> 0	00 NW 36 ST			
CITY - ST - ZIP	MAMIFL			OITY-ST	-7iP MI	AMI, FI 33152			
THTLE	U	☐ DEFEL	E 2 1	TITLE	D			Change 🔀 Addition	
NAME	AMITAL, HAIM		221	SMAN		N, DAVID			
STREET ADDRESS	50 WEST 23RD ST		235	STREET	ADDRESS   50	W 23 ST			
CITY-ST-ZIP	NEW YORK NY		240	ITY-SI	- ZIF NYO	C, NY			
TITLE	CD	☐ DELET	E 3 1	TIFLE	D			Change Add tion	
NAME	ARZI, DAVID		321	NAME		IE, DAVID		<del>-</del> .	
STREET ADDRESS	BENGURION INT AIRPORT		3.3	STREET	ADDRESS <b>BE</b>	NGURION INT'L AIRPORT			
CITY-ST-ZIP	LOD IS		340	CITY - ST		D, IS			
TITLE	S	☐ DELET	E 4.1	TITLE	D			Change Kaddition	
NAME	MEYER, HAYA		421	AAME	COL	THEMERED'S ANDON!		•	

14. I do hereby certify that the information supplied with this firing is voluntarily turn shed 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 certify that I am an officer or director of the composition or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if charges, or or any trustment with an address.

5 1 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

4.3 STREET ADDRESS

E 3 STREET ADDRESS

6.3 STREET ADORESS

5.4 CITY - ST - ZIP

4.4 GITY - ST - ZIP

COLDENBERG, AARON

DE LA TORRE, J.C.

5300 NW 36 ST

MIAMI, FI 33152

LOD, IS

TREASURER

BENGURION INT'L AIRPORT

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CiTY - ST - ZIP

C(TY-ST-ZIP

CITY-S1-ZIP

TITLE

TrTLE

50 W 23RD STREET NYC

MORDECHAI, HENDEL

5300 NW 36TH STREET

4740 E. SUNRISE DR. STE 382

**NEW YORK NY** 

PΩ

MIAMI FL

GISSING, B.

**TUCSON AZ** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OB DIRECTOR

DELETE

DELETE

33152

PresiDent 4/18/96 305-871-8196

☐ Change

Change

Addition

Addition