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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 857383

(4)

1. Corporation Name
COMMODORE AVIATION, INC.



Principal Place of Business

5300 NW 36 ST
P O BOX 661078 NA
MIAMI FL 33142-3206
US

Mailing Address

PO BOX 661078
P O BOX 661078 NA
MIAMI FL 33266-1078
US

3. Date Incorporated or Qualified
08/11/1983

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

13-2985551

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. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BONNER, R. LAWRENCE
100 SE 2ND ST
34TH FLOOR, CENTRUST FINANCIAL CENTER
MIAMI FL 33131

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 VP
NAME BEN BASAT ASHER
STREET ADDRESS 5300 NW 36ST
CITY- ST- ZIP MIAMI FL ☐ DELETE

TITLE D
NAME AMITAL, HAIM
STREET ADDRESS 50 WEST 23RD ST
CITY- ST- ZIP NEW YORK NY ☐ DELETE

TITLE CD
NAME ARZI, DAVID
STREET ADDRESS BENGURION INT AIRPORT
CITY- ST- ZIP LOD IS ☐ DELETE

TITLE S
NAME MEYER, HAYA
STREET ADDRESS 50 W 23RD STREET NYC
CITY- ST- ZIP NEW YORK NY ☐ DELETE

TITLE PO
NAME MORDECHAI, HENDEL
STREET ADDRESS 5300 NW 38TH STREET
CITY- ST- ZIP MIAMI FL ☐ DELETE

TITLE D
NAME GISSING, B.
STREET ADDRESS 4740 E. SUNRISE DR. STE 382
CITY- ST- ZIP TUCSON AZ ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME ONN, DAVID
1.3 STREET ADDRESS 50 W 23 ST
1.4 CITY- ST- ZIP NYC, NY ☐ Change ☒ Addition

2.1 TITLE D
2.2 NAME ARIE, DAVID
2.3 STREET ADDRESS BENGURION INT'L AIRPORT
2.4 CITY- ST- ZIP LOD, IS ☐ Change ☒ Addition

3.1 TITLE D
3.2 NAME GOLDENBERG, AARON
3.3 STREET ADDRESS BENGURION INT'L AIRPORT
3.4 CITY- ST- ZIP LOD, IS ☐ Change ☒ Addition

4.1 TITLE TREASURER
4.2 NAME DE LA TORRE, J.C.
4.3 STREET ADDRESS 5300 NW 36 ST
4.4 CITY- ST- ZIP MIAMI, FL 33152 ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)