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May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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	Mailing Address
5300 NW 36 ST P O BOX 661078 NA MIAMI FL 33142-3206 US	PO BOX 661078 P O BOX 661078 NA MIAMI FL 33266-1078 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/11/1983

2. Principal Place of Business	2a. Mailing Address
21 4900 NW 36 ST,	26 POBox 661078
22 Suite, Apt. #, etc. Hangar #25 Miami Int. Airport.	27 Suite, Apt. #, etc.
23 City & State: Miami, Fl.	28 City & State: Miami, Fl.
24 Zip: 33142-3206 25 Country: USA	29 Zip: 33266-1078 30 Country: USA

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BONNER, R. LAWRENCE 100 SE 2ND ST 34TH FLOOR, CENTRUST FINANCIAL CENTER MIAMI FL 33131	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BEN BASAT ASHER 5300 NW 36ST MIAMI FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VP Ben Basat, Asher 4900 NW 36 ST Bldg #25 Miami, Fl.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AMITAL, HAIM 50 WEST 23RD ST NEW YORK NY	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PO Hendel, Mordechai 4900 NW 36 ST Bldg #25 Miami, Fl.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD ARZI, DAVID BENGURION INT AIRPORT LOD IS	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Onn, David 50 W 23rd. St. NYC NYC. NY	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MEYER, HAYA 50 W 23RD STREET NYC NEW YORK NY	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Arie, David Bengurion Int. Airport LOD IS.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MORDECHAI, HENDEL 5300 NW 36TH STREET MIAMI FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Goldenberg, Aharon Bengurion Int. Airport LOD IS.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GISSING, B. 4740 E. SUNRISE DR. STE 382 TUCSON AZ	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	T/CFO De La Torre, J.C. 400 NW 36 ST. Bldg #25 Miami Fl.	☐ Change ☒ Addition

CR2E034 (10/97)

14. I 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: _____ 305-869-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer & CFO 4-20-1998
Title Date Daytime Phone # 0268304