

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 857383

1. Corporation Name
COMMODORE AVIATION, INC.

Principal Place of Business

4900 NW 36 ST
HANGAR 25
MIAMI FL 33142
US

Mailing Address

POB 661078
MIAMI FL 33266
US

FILED
Jun 22, 1999 8:00 am
Secretary of State

06-22-1999 90001 004 ***558.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1983

4. FEI Number

13-2985551

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ 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	<input type="checkbox"/> DELETE
NAME	BEN BASAT ASHER	
STREET ADDRESS	4900 NW 36 ST BLDG 25	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AMITAL, HAIM	
STREET ADDRESS	4900 NW 36 ST BLDG 25	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ONN, D	
STREET ADDRESS	50 W 23 ST NYC	
CITY-ST-ZIP	NYC NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARIE, D	
STREET ADDRESS	BENGURION INT AIRPORT	
CITY-ST-ZIP	LOD IS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDENBERG, A	
STREET ADDRESS	BENGURION INT AIRPORT	
CITY-ST-ZIP	LOD IS	
TITLE	TCFO	<input type="checkbox"/> DELETE
NAME	TORREE, J C	
STREET ADDRESS	400 NW 36 ST BLDG 25	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BEN BASAT, ASHER	
1.3 STREET ADDRESS	4900 NW 36 ST BLDG 25	
1.4 CITY-ST-ZIP	MIAMI, FL	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GOLDENBERG, AHARON	
2.3 STREET ADDRESS	BENGURION INT AIRPORT, LOD	
2.4 CITY-ST-ZIP		
3.1 TITLE	T/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DE LA TORRE, JC	
3.3 STREET ADDRESS	4900 NW 36 ST BLDG 25	
3.4 CITY-ST-ZIP	MIAMI, FL	
4.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ARZI, DAVID	
4.3 STREET ADDRESS	BENGURION INT AIRPORT, LOD	
4.4 CITY-ST-ZIP		
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MEYER, HAYA	
5.3 STREET ADDRESS	50 WEST 23RD STREET	
5.4 CITY-ST-ZIP	NEW YORK, NY	
6.1 TITLE	d	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GISSING, B.	
6.3 STREET ADDRESS	4740 E. SUNRISE DR. STE382	
6.4 CITY-ST-ZIP	TUCSON, AZ	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.03(6), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

DE LA TORRE, CFO 06/15/99 (305) 869-1900

Date

Daytime Phone #

CR2E034 (11/98)