FILED

Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90171 001 ***300.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

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1. Entity Name AEROUSA, INC.



Principal Place of Business Mailing Address C/O DEBIS AIRFINANCE USA.INC C/O DEBIS AIRFINANCE USA.INC いいひひひひひなけ 100 NE THIRD AVENUE, SUITE 800 100 NE THIRD AVENUE. SUITE 800 FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 06-1283938 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHOWALTER, LAURA Street Address (P.O. Box Number is Not Acceptable) 100 NE THIRD AVENUE, SUITE 800 FT. LAUDERDALE FL 33301 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Change Addition CAVANAGH, RICHARD NAME STREET ADDRESS 845 THIRD AVENUE STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10022 CITY-ST-ZIP DAS TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME Dantzic, roy M NAME BG PLC. ONE GREAT CUMBERLAND PLACE, 7TH FL STREET ADDRESS STREET ADDRESS CITY-ST-7/P **LONDON W1H7AL UNITED KINGDOM** CITY-ST-7IP DS ☐ Delete TITLE ☐ Change Addition NAME ADLER, HERBERT NAME STREET ADDRESS **477 MADISON AVENUE** STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10022** CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with his 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 report or supplemental 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 trusted endowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #