

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

FILED

Jan 30 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 # F96000003159 (8)

1. Corporation Name
AVIATION SALES LEASING COMPANY

Principal Place of Business

6905 NW 25TH ST
MIAMI FL 33122

Mailing Address

6905 NW 25TH ST
MIAMI FL 33122-1805



3. Date Incorporated or Qualified
06/21/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

65-0565658

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 of, for printed name of registered agent and if not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BAKER, DALE S	
STREET ADDRESS	6905 NW 25TH ST	
CITY-STATE-ZIP	MIAMI FL 33122	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	BAKER, DALE S	
STREET ADDRESS	6905 NW 25TH ST	
CITY-STATE-ZIP	MIAMI FL 33122	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WOODY, HAROLD M	
STREET ADDRESS	6905 NW 25TH ST	
CITY-STATE-ZIP	MIAMI FL 33122	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	CIVILETTO, JOSEPH E	
STREET ADDRESS	6905 NW 25TH ST	
CITY-STATE-ZIP	MIAMI FL 33122	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	CIVILETTO, JOSEPH E	
STREET ADDRESS	6905 NW 25TH ST	
CITY-STATE-ZIP	MIAMI FL 33122	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SASO, MICHAEL A	
STREET ADDRESS	6905 NW 25TH ST	
CITY-STATE-ZIP	MIAMI FL 33122	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Innella, James D.	
1.3 STREET ADDRESS	6905 NW 25th St.	
1.4 CITY-STATE-ZIP	Miami, FL 33122	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jacocks, Denise	
2.3 STREET ADDRESS	6905 NW 25th St.	
2.4 CITY-STATE-ZIP	Miami, FL 33122	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	D/V/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Civiletto, Joseph E.	
4.3 STREET ADDRESS	6905 NW 25th St.	
4.4 CITY-STATE-ZIP	Miami, FL 33122	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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)