FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

CR2E034 (12/95)

DOCUMENT # **G97792** **(7)**

1. Corporation Name

CARTINA AVIATION LEASING, INC.

Principal Place of Business
3510 BISCAYNE BLVD
SUITE 201
MIAMI FL 33137

Mailing Address
3510 BISCAYNE BLVD
SUITE 201
MIAMI FL 33137

2. Principal Place of Business
21 4770 Biscayne Blvd
Suite, Apt. #, etc.
22 #1000
City & State
23 MIAMI FL
Zip 24 33137 Country 25 USA

2a. Mailing Address
26 4770 Biscayne Blvd.
Suite, Apt. #, etc.
27 #1000
City & State
28 MIAMI FL
Zip 29 33137 Country 30 USA

3. Date Incorporated or Qualified: 04/02/1984
3a. Date of Last Report: 04/20/1995
4. FEI Number: 59-2404118 ☐ 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
SHERYL CANTOR WULTZ
17971 BISCAYNE BLVD #211
NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent
81 Name: CARLOS CHOMUT
82 Street Address (P.O. Box Number is Not Acceptable): 555 NE. 34th St.
83 #2001
84 City: MIAMI FL 85 Zip Code: 33137

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 X [signature] DATE April 10, 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	CHOMUT, CARLOS	
STREET ADDRESS	555 N.E. 34TH ST #2001	
CITY-ST-ZIP	MIAMI FL	
TITLE	VSD	☐ DELETE
NAME	CHOMUT, MARTINA	
STREET ADDRESS	555 N.E. 34TH ST #2001	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X [signature] CARLOS CHOMUT April 10, 1996 305-576-2603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #