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

CORPORATION ANN

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1998		Secretary of State DIVISION OF CORPORATIONS	Secretary of State
IMENT # ((7)	
NA AVAATION E	CARING INIO	•	4

FILED

Apr 20 1998 8:00am

	1990	DIVISION OF CO	DALONATIONS		
	MENT # G9779 NA AVIATION LEASING, INC				
•••••				1 1381/11 63/3 13/11 133/3 106/3 16/13 1/3/ 8/6/	PYANA PURIN ANDRY ANDRY ANDRY ANDRY
Principal Plac	e of Business	Mailing Address			EURUK OFDIA BIBUI EKRUA BUBUI KEDI
4770 BISCAY		4770 BISCAYNE BLVD.			
1000		1000	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
MIAMI FL 331 US	137	MIAMI FL 33132			
			04/02/1984		
2. Principal Place of Business		2a, Mailing Address		4. FEI Number	Applied For
1		26		59-2404118	Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
2 City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Z ıp	Country	Zip	Country	8. This corporation owes or has paid the	
4	25		30	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
	RLOS CHOMUT		1440116		
	5 N.E. 34TH STREET, # 2001 AMI FL 33137		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
MI	-4MI FC 33131		83		
			B4 City		EL 85 Zip Code
ageni. i a SIGNATURE	Signature, typed or printed name of registerior as		Registered Agent signature requ	poration submits this statement for the purpos tion's board of directors. I hereby accept the first when reinstalling)	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD CHOMUT, CARLOS	☐ DELETE	11 TITLE		Change Addition
NAME	555 N.E. 34TH ST #2001		1.2 NAME		
STREET ADDRESS City-St-Zip	MIAMI FL		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE	~ 	Change Addition
NAME	CHOMUT, MARTINA	—	22 NAME		
STREET ADDRESS	555 N.E. 34TH ST #2001		23 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-7IP		DELETE	3.4. City-St-ZiP 4.1 Title		Change Addition
ritle Name		□ beeck	4.1 ITILE 4. 2 NAME		C CHAINGE C ADDITION
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
ALE	<u></u>	☐ DELETE	5.1 TITLE		Change Addition
YAM E			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIP			5 4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TATLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. Thereby 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.

305 176-2403