

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K10353 (6)

1. Corporation Name

A.L. AIRCRAFT #4 CORP.



Principal Place of Business

950 S.E. 12TH ST.
HIALEAH FL 33010

Mailing Address

950 S.E. 12TH ST.
HIALEAH FL 33010

3. Date Incorporated or Qualified

01/04/1988

3a. Date of Last Report

03/21/1995

4. FEI Number

65-0084784

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FINAZZO, NICOLAS
950 SE 12TH STREET
HIALEAH FL 33010

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPC
NAME BATCHELOR, GEORGE E.
STREET ADDRESS 950 S.E. 12TH ST.
CITY-ST-ZIP HIALEAH FL ☐ DELETE

1.1 TITLE D
1.2 NAME FERRARESI, DANIEL
1.3 STREET ADDRESS 950 SE 12 ST
1.4 CITY-ST-ZIP HIALEAH, FL. 33010 ☐ Change ☒ Addition

TITLE T
NAME HIGGINS, JOHN
STREET ADDRESS 950 SE 12TH STREET
CITY-ST-ZIP HIALEAH FL ☐ DELETE

2.1 TITLE V
2.2 NAME WALKER, RAYMOND
2.3 STREET ADDRESS 950 SE 12 ST.
2.4 CITY-ST-ZIP HIALEAH, FL. 33010 ☐ Change ☒ Addition

TITLE DS
NAME BATCHELOR, ANNE O
STREET ADDRESS 950 SE 12TH STREET
CITY-ST-ZIP HIALEAH FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME MESECHER, BOYD
STREET ADDRESS 950 SE 12TH STREET
CITY-ST-ZIP HIALEAH FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AS
NAME DAWSON, HUMPHREY
STREET ADDRESS 950 SE 12TH ST.
CITY-ST-ZIP HIALEAH FL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME BATCHELOR, MARIANNE T
STREET ADDRESS 950 SE 12TH ST
CITY-ST-ZIP HIALEAH FL ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-96 305 887-4500

CR2E034 (12/95)