

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

DOCUMENT # **L04200** (6)

1. Corporation Name

**WORLD AIR LEASE, INC.**



Principal Place of Business

**116 ARAGON AVE.  
CORAL GABLES FL 33134**

Mailing Address

**116 ARAGON AVE.  
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified  
**07/21/1989**

3a. Date of Last Report  
**04/21/1995**

2. Principal Place of Business

21 **4590 NW 36th St.**  
Suite, Apt. #, etc.

2a. Mailing Address

26 **P.O. Box 523902**  
Suite, Apt. #, etc.

4. FEI Number  
**65-0143851**

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

City & State

23 **MIAMI, FL**

City & State

28 **Miami, FL**

Zip

24 **33132** 25 **Dade**

Zip

29 **33152** 30 **Dade**

9. Name and Address of Current Registered Agent

**STAGG, DARD  
116 ARAGON AVE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**4590 NW 36th Street**

83 **P.O. Box 523902**

84 City

**Miami**

FL

85 Zip Code

**33152**

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

TITLE ☐ DELETE

NAME **P**  
**CONESE, EUGENE SR**  
STREET ADDRESS **116 ARAGON AVE.**  
CITY - ST - ZIP **CORAL GABLES FL 33134**

TITLE ☐ DELETE

NAME **VP**  
**METZGER, SUSAN MARIE**  
STREET ADDRESS **116 ARAGON AVENUE**  
CITY - ST - ZIP **CORAL GABLES FL**

TITLE ☐ DELETE

NAME **V**  
**EAGAN, DEBORAH**  
STREET ADDRESS **116 ARAGON AVE.**  
CITY - ST - ZIP **CORAL GABLES FL 33134**

TITLE ☐ DELETE

NAME **TS**  
**CONESE, ANNA MAY**  
STREET ADDRESS **116 ARAGON AVE**  
CITY - ST - ZIP **CORAL GABLES FL**

TITLE ☐ DELETE

NAME **VP**  
**CONESE, EUGENE JR**  
STREET ADDRESS **116 ARAGON AVE**  
CITY - ST - ZIP **CORAL GABLES FL**

TITLE ☐ DELETE

NAME **AS**  
**JOHNSON, BETTY S**  
STREET ADDRESS **116 ARAGON AVENUE**  
CITY - ST - ZIP **CORAL GABLES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
**4590 NW 36th St.**  
**Miami, FL 33122**

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
**4590 N.W 36th St**  
**Miami, FL 33122**

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
**4590 N.W 36th St**  
**Miami FL 33122**

☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
**4590 N.W 36th St**  
**Miami FL 33122**

☒ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
**4590 N.W 36th St**  
**Miami FL 33122**

☒ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
**4590 N.W 36th St**  
**Miami FL 33122**

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 #

**4/23/96 (305) 870-8000**

CR2E034 (12/95)