

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90037 031 \*\*\*150.00

DOCUMENT # L04200

1. Corporation Name

WORLD AIR LEASE, INC.

Principal Place of Business

55 ALHAMBRA PLAZA  
2 COLUMBUS CTR. STE 600  
CORAL GABLES FL 33134  
US

Mailing Address

P O BOX 145210  
CORAL GABLES FL 33114-210  
US

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

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1989

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

DE LEON BELLOC, MARTHA M  
2 COLUMBUS CTR  
55 ALHAMBRA PLAZA, STE 600  
CORAL GABLES FL 33134

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

TITLE CD ☐ DELETE

NAME CONESE, EUGENE SR  
STREET ADDRESS 55 ALHAMBRA PLZ, 2 COLUMBUS CTR STE 600  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE P ☐ DELETE

NAME METZGER, SUSAN MARIE  
STREET ADDRESS 2 COLUMBUS CTR, 55 ALHAMBRA PLZ, STE 600  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE AVPS ☐ DELETE

NAME DE LEON BELLOC, MARTHA M  
STREET ADDRESS 2 COLUMBUS CTR, 55 ALHAMBRA PLZ, STE 600  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE TD ☐ DELETE

NAME CONESE, ANNA MAY  
STREET ADDRESS 2 COLUMBUS CTR, 55 ALHAMBRA PLZ STE 600  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VPD ☐ DELETE

NAME CONESE, EUGENE JR  
STREET ADDRESS 2 COLUMBUS CTR, 55 ALHAMBRA PLZ STE 600  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE V ☐ DELETE

NAME BROADMEADOW, EDWARD  
STREET ADDRESS 2 COLUMBUS CTR, 55 ALHAMBRA PLZ, STE 600  
CITY-ST-ZIP CORAL GABLES FL 33134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME Metzger, Peter  
1.3 STREET ADDRESS 55 Alhambra Plaza, Suite 600  
1.4 CITY-ST-ZIP Coral Gables, FL 33134

2.1 TITLE Director ☒ Change ☐ Addition

2.2 NAME Metzger, Susan Marie  
2.3 STREET ADDRESS 55 Alhambra Plaza, Suite 600  
2.4 CITY-ST-ZIP Coral Gables, FL 33134

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Conese, Mark  
3.3 STREET ADDRESS 55 Alhambra Plaza, Suite 600  
3.4 CITY-ST-ZIP Coral Gables, FL 33134

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Eagan, Deborah  
4.3 STREET ADDRESS 55 Alhambra Plaza, Suite 600  
4.4 CITY-ST-ZIP Coral Gables, FL 33134

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature: *de Leon Belloc* 1/28/99 (305) 774-3500

CR2E034 (11/98)