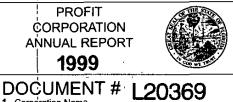
PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90029 046 ***158.75

CL A	AIRCRAFT XXV, INC.									
	1								 	
•	Place of Business	Mailing Address 9420 S.W. 77TH AVE.								
	! 77TH AVE.						•			
SUITE 10 MIAMI FL) SUITE 100 33156-7900 MIAMI FL 33156-7900					DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
						10/04/1989				
2. Princi	pal Place of Business	2a. Mailing Address	•			4. FEI Number		App	olied For	
21		26				65-0149463			Applicable	
	Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status De	esired 💢	\$8.75 A		
22	27							Fee Re	·	
	State City & State					6. Election Campaign Fit Trust Fund Contribution	~ 11	\$5.00 Added.te		
23 Zip	Country Zip C			ntry		Trust Puna Contribute This corporation owes			31663	
24	25		30	,		Personal Property Tax			□No	
24 !	9. Name and Address of Current		50 ,			10. Name and Address		red Agent		
	!			81	Name			-		
	LIPPMAN, WAYNE D		-	82	Street Addre	ess (P.O. Box Number is No	Acceptable)			
	9420 SW 77TH AVE, STE 100			-	Oli Cot / tadic		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_		
	MIAMI FL 33156			83						
				84	City			85 Zip C	ode	
		•			•			- L. '		
11. Purs	suant to the provisions of Sections 607.0502 e or registered agent, or both, in the State o	and 607.1508, Florida Statute:	s, the at thorized	ove	 named corporation 	oration submits this statemer n's board of directors. I here	t for the purpose by accept the ar	e of changing its opointment as red	registered iistered	
agei	nt. I am familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statu	ites.					.	
SIGNAT	URE	<u> </u>					5.75		}	_
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered	Agent	signature required	ADDITIONS/CHANGES	DATE S TO OFFICERS	_:	RS IN 12	á
TITLE	I DPT	DELETE	1.1 717	1.F	$\overline{}$. 7.00.770.7070.7070.	7.0017102110	Change	Addition	-
NAME	CAUFF, STUART L		1.2 NA							2
STREET ADI	0400 0141 77 410				ADDRESS					Š
CITY-ST-ZIF	MANUEL ODIEC			Y-ST-	ł			•]	Š
TITLE	DVS	☐ DELETE	2.1 TITLE				•	Change	☐ Addition	ζ
NAME	LIPPMAN, WAYNE D		2.2 NAME		}				Í	
STREET AD	DRESS 9420 SW 77 AVE.		2.3 ST	REET	ADDRESS				ļ	
CITY-ST-ZII	MIAMI FL 33156		2. 4 CI	TY-\$T	r-zip					
TITLE		☐ DELETE	3.1 ТЛ	LE	_ •			- Change	- Addition	
NAME	T		3.2 NA	ME	1					
STREET AD	DRESS		3.3 ST	REET/	ADDRESS					
CITY-ST-ZII	P	-	3.4. CI		-ZIP	· · · · · · · · · · · · · · · · · · ·				
TITLE		☐ DELETE	4.1 717	LE	}			Change	☐ Addition	
NAME			4.2 N/			,				
STREET ADI	DRESS		4.3 ST	REET	ADDRESS					
CITY-ST-ZII	P	E se ere	4.4 CIT		-ZIP			Change	☐ Addition	
TITLE		☐ DELETE	5.1 TIT 5.2 NA					☐ Change		
NAME		.	■ J.Z NA	MIC	- 1		•	•	ľ	
STREET ADI	DRESS			DEET 4	ADDDESS!					
CITY-ST-ZI	_i		5.3 ST		ADORESS					
TITLE	P[5.3 STI 5.4 CΠ	Y-ST-	ì		,	Change	Addition	
TITLE	P[☐ DELETE	5.3 ST	Y-ST- LE	ì			☐ Change	☐ Addition	
NAME STREET AD		□ DELETE	5.3 STI 5.4 CII 6.1 TII 6.2 NA	TY-ST- LE ME	ì		<u>, </u>	☐ Change	☐ Addition	

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:

SIGNATULE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR E FOR WAYNE

(305)274-7277