

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

FILED

May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L20415 (0)

1. Corporation Name  
CL AIRCRAFT XXXIV, INC.

Principal Place of Business

9420 S.W. 77TH AVENUE  
SUITE 100  
MIAMI FL 33156-4903

Mailing Address

9420 S.W. 77TH AVENUE  
SUITE 100  
MIAMI FL 33156-7900



3. Date Incorporated or Qualified 10/04/1989  
3a. Date of Last Report 05/01/1996

4. FEI Number 65-0149450  
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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CRANE, ROBERT D.  
9420 SW 77TH AVENUE, STE 100  
MIAMI FL 33156-4903

10. Name and Address of New Registered Agent

81 Name Lippman, Wayne D.  
82 Street Address (P.O. Box Number is Not Acceptable) 9420 SW 77 th Ave, Ste 100  
83  
84 City Miami, FL 85 Zip Code 33156-7903

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 *Wayne D. Lippman*  
Signature, type or printed name of registered agent and title if applicable

Wayne D. Lippman

4/22/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	CAUFF, STUART L.	
STREET ADDRESS	9420 S.W. 77 AVE, STE100	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LIPPMAN, WAYNE D.	
STREET ADDRESS	9420 S.W. 77 AVE, STE100	
CITY-ST-ZIP	MIAMI FL	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	CRANE, ROBERT D.	
STREET ADDRESS	9420 SW 77 AVE STE 100	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lippman, Wayne D.	
1.3 STREET ADDRESS	9420 SW 77 Avenue	
1.4 CITY-ST-ZIP	Miami, FL 33156-7903	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 and changed or on an attachment with an address.

SIGNATURE: *Wayne D. Lippman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wayne D. Lippman 4/22/97 (305) 274-7277  
Date Daytime Phone

CR2E034 (9/96)