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

DOCUMENT # M77553

1. Corporation Name

AEROLEASE DOMESTIC, INC.

MIAMI FL 33126 MIAMI FL 33126 3. Date Incorporated or Qualifed 04/22/1988 4. FEI Number 65-0048805 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Suite, Apt. # Country Country Applied for 65-0048805 S. Certifcate of Status Desired Fee Required Added to Fee Required Added to Fee Regulation Owes the current year Intangible Personal Property Tax.	icable onal d Be
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Zip Country 8. This corporation owes the current year when I yes No.	
Zin Country Personal Property Tax.	, \
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25 (29) Alama and Address of New Registered Agent	
9 Name and Address of Current Registered Agent	
AFROLEASE INTERNATIONAL, INC, 82 Street Address (P.O. Box Number is Not Acceptable)	
AEROLEASE INTERNATIONAL, INC. 82 Street Address (P.O. Box Number is Not Acceptable)	
6303 BLUE LAGOON DR.	雪里
380	31 17 47
MIAMI PL 33126 [84] City	
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 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, and accept the obligations of Section 607.0505, Florida Statutes.	stered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13.	IN 12 Addition
DELETE MITTINE	_
TITLE D 12 NAME	
NAME GOLDBERG, MICHAEL A. 13 STREET ADDRESS	
1.35 march 1.46001 DDN/E .4701	
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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.

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

FILED

Feb 03, 1999 8:00am

Secretary of State

02-03-1999 90010 001 ***150.00