

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
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DOCUMENT # P18175 (0)
 1. Corporation Name
CL AIRCRAFT VIII, INC.

Principal Place of Business 9420 S.W. 77TH AVENUE MIAMI FL 33156-7968	Mailing Address 9420 S.W. 77TH AVENUE MIAMI FL 33156-7968
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 02/26/1988	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2882167		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent CRANE, ROBERT D. 9420 SW 77 AVE, 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 Avenue, Suite 100 83 84 City Miami, FL 85 Zip Code 33156-7903		

11. Pursuant to the provisions of Sections 607.0509 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* **Wayne D. Lippman** **4/22/97**
Signature typed or printed name of agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD CAUFF, STUART L. <input type="checkbox"/> DELETE	1.1 TITLE	VDS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAUFF, STUART L.	1.2 NAME	Lippman, Wayne D.
STREET ADDRESS	9420 SW 77TH AVE #100	1.3 STREET ADDRESS	9420 SW 77 Avenue #100
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	Miami, FL 33156-7903
TITLE	VD LIPPMAN, WAYNE D. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPPMAN, WAYNE D.	2.2 NAME	
STREET ADDRESS	9420 SW 77TH AVE #100	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	VS CRANE, ROBERT D. <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRANE, ROBERT D.	3.2 NAME	
STREET ADDRESS	9420 S.W. 77TH AVE. 100	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: *Wayne D. Lippman* **Wayne D. Lippman** **4/22/97** **(305) 274-7277**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)