FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4:25

DOCUMENT # P94000003206 (7)

1. Corporation Name
PACIFIC AIRLINE LEASING CORPORATION

Principal Place of Business	Mailing Address
1550 NW 62 ST FT LAUDERDALE FL	1550 NW 62 ST FT LAUDERDALE FL

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/11/1994
3a. Date of Last Report:

2. Principal Place of Business
21 1100 NW 54 STREET
22 Suite, Apt. #, etc.
23 FT. LAUDERDALE, FL
24 Zip 33309-2819 25 Country

2a. Mailing Address
26 1100 NW 54 STREET
27 Suite, Apt. #, etc.
28 FT. LAUDERDALE, FL
29 Zip 33309 30 Country

4. FEI Number — ☒ 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

9. Name and Address of Current Registered Agent

SHEPARD, MURRAY E
409 SE 7 ST
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	CHAING, SIMON	1.2 NAME	CHIANG, SIMON	
STREET ADDRESS	1550 NW 62 ST	1.3 STREET ADDRESS	1100 NW 54 STREET	
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33309-2819	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	MASH, CHRISTOPHER T	2.2 NAME	MASH, CHRISTOPHER T.	
STREET ADDRESS	1550 NW 62 ST	2.3 STREET ADDRESS	1100 NW 54 STREET	
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33309-2819	
TITLE		3.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME		3.2 NAME	TODD DITMARS	
STREET ADDRESS		3.3 STREET ADDRESS	1100 NW 54 STREET	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ TODD DITMARS 1/12/95 305-351-9850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0317303 CP