Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90181 015 ***150.00

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 # P94000090313

1. Corporation Name

AIR TRADE LEASING INCORPORATED

, wit 11 16 to	DE ELAGINA INCOM ONA									
Principal Place of Business Mailing Address								f Photiani tin inter dinte duste matte obert dat		1000 1111 1001
5227 NW 35TH CT P.O. BOX 522816										
MIAMI FL 33152 MIAMI FL 33152								DO NOT WRITE IN THE	0.004.05	
US							<u> </u>	DO NOT WRITE IN TH	S SPACE	
								Date Incorporated or Qualifed		
Principal Place of Business 2a. Mailing Address							4.	FEI Number	, Apr	lied For
26								65-0550214	· Not	Applicable
Suite, Apt. #, etc. Suite			Suite, Apt. #, etc.	uite, Apt. #, etc.			5	Certifcate of Status Desired	\$8.75 A	
22									Fee Red	
City & State			City & State				6.	Election Campaign Financing	\$5.00	
23			8					Trust Fund Contribution	. Added to	Fees
Zip	Country	<u> </u>	Zip	Counti	гу			This corporation owes the current year I		
24	25	29		10		۳-		Personal Property Tax.		□No
	9. Name and Address of Currer	t Regi	stered Agent	8	4	Name	10.	Name and Address of New Registere	a Agent	~~~
SOGHANALIAN, GARABRT S				Ĺ	_			O D Must as in Alah Assastable)	<u> </u>	
5227 NW 35TH CT MIAMI FL 33152				8		Street Addr	ess (P.	O. Box Number is Not Acceptable)	***	
			8	3			· · · · · · · · · · · · · · · · · · ·			
				8	4	City		· F	85 Zip C	ode
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										istered
12.	OFFICERS AN	D DIR	ECTORS	13.			Α	DDITIONS/CHANGES TO OFFICERS		
TITLE	P		☐ DELETE	1.1 TITLE		ļ			☐ Change	☐ Addition
NAME	SOGHANALIAN, GARABET S			1.2 NAME	Е					
STREET ADDRESS	5365 N.W. 35TH COURT			1.3 STRE	ET	ADDRESS			• •	ŀ
CITY-ST-ZIP	MIAMI FL 33152			1.4 CITY	-\$1	T-ZIP				
TITLE			DELETE	2.1 TITLE				•	☐ Change	☐ Addition
NAME	İ			2.2 NAME	Ε					ļ
STREET ADDRESS				2.3 STRE	ΕT	ADDRESS				ì
CITY-ST-ZIP				2. 4 CITY	· S	T-ZIP				
TITLE			☐ DELETE	3 1 TITLE	•		•		Change	Addition
NAME				3.2 NAME	Ε					Ì
STREET ADDRESS				3.3 STRE	ΕT	ADDRESS				
CITY-ST-ZIP				3.4. CITY	'-S'	T-Z I P				
TITLE			☐ DELETE	4,1 TITLE	=				☐ Change	Addition
NAME				4. 2 NAM	Œ			·		
STREET ADDRESS				4.3 STRE	ΕT	ADDRESS			•	4
CITY-ST-ZIP				4.4 CITY		T-ZIP	_			
TITLE			DELETE	5.1 TITLE					Change	☐ Addition
NAME				5.2 NAM						
STREET ADDRESS				5.3 STRE	ET	ADDRESS				
CITY-ST-ZIP				5.4 CITY		T-ZIP				Find a 1 1111
TITLE			☐ DELETE	6.1 TITLE					Change	Addition
NAME				6.2 NAM	Ε		•			

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 of trustee empowered to effect 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 anadoment with an address with an other section.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

OFFICER OR DIRECTOR