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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 27 1997 8:00am

Secretary of State

0185534

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000018033 (7)

AEROLEASE 46099, INC.

SIGNATURE:

Principal Place of Business 6303 BLUE LAGOON DR. SUITE 380, MIAMI INTERNATIONAL AIRPORT MIAMI FL 33126		Mailing Address 6303 Blue Lagoon Dr. Suite 380. Miami international airport Miami Fl 33126-6002				
				3. Date Incorporated or Qualified 3a. Date of Last Report 03/06/1995 03/26/1996		eport
2. Principal P	ace of Business	2s. Mailing Address		4. FEI Number		plied For
1		26		65-0565787	No	t Applicable
Suite Apt		Suite. Apt. #, etc.		5. Certificate of Status Desired	☐ \$8.75 / Fee Re	
City & State	0	City & State		6. Election Campaign Financing	\$5.00	-
Zip	Country	<b>28</b> Zip	Country	Trust Fund Contribution	Added to	
	25	29	30	8. This corporation has liability for in Florida Statutes	Mangible tax under s Yes □ No	. 199.032,
	9. Name and Address of Curr		1001	10. Name and Address of New Rec		
TALL	i Hays St. Lahassee FL 32301		82 Street Add 6303 83 SUM 84 City	DEASE INTERNATION Cress (P.O. Box Number is Not Acceptable BLUE LAGOON DRIV E 380 AMI	FL 85 Zip 4	Code
office or r	to the provisions of Sections 607.09 egistered agent, or both, in the Sta on familiar with and accept the obli	ate of Florida. Such change was	authorized by the cornors	rporation submits this statement for the pration's board of directors. I hereby accept	urpose of changing it t the appointment as	s régistered registered
SIGNATURE	Englande Parka di premo di mani di nografica di	n	TE: Registered Agent signature requ	uired when reinslating)	1/7/954	
SIGNATURE	England Raya di penyahani ding sterada OFFICERS A	agent and title if applicable. (NO AND DIRECTORS		uired when reinstating)  ADDITIONS/CHANGES TO OFFIC	ATE PROPERTOR	
<b>2.</b>	Superus taxa a period New of Agreered OFFICERS A	agent and title it applicable. (NO	ITE: Registered Agent signature requ		ERS AND DIRECTOR  Change	IS IN 12
2. :TLF :AME	OFFICERS A PD GOLDBERG, MICHAEL A	agent and title if apprecable. (NO AND DIRECTORS	13. 1.1 TITLE 1.2 NAME			
<b>2.</b> TLF AME TREET ADORESS	OFFICERS A PD GOLDBERG, MICHAEL A 6303 BLUE LAGOON DR., SI	agent and title if apprecable. (NO AND DIRECTORS	113. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS			
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