## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000024453 (9)

APOLLO AIR LEASING CORP.

SIGNATURE:

## **FILED** Apr 24 1998 8:00am Secretary of State



FRANCISCO RIVAS 4/15/18 305)7188883

Principal Place of Business Mailing Address					)	7169 1111 1091	
4955 S.W. 75TH AVENUE 4955 S.W. 75TH AVENUE					1		
MIAMI FL 33155-4464 MIAMI FL 33155-4464				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified	IIO OI ACE	
İ					03/27/1995		ſ
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number		pplied For
21 7819 A	ace of Business J.W. 15 <sup>TH</sup> STREET	26 7819 N.W. 13	TH 57	ree:	NOT APPLICABLE		ot Applicable
Suite, Apt.		Suite, Apt. #, etc.					Additional
22		27			5. Certificate of Status Desired		equired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23 MIAM	i, Pl.	28 HIAMI, FL	<u></u>		Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	_	8. This corporation owes or has paid the	current year In	tangible
24 331			0		Personal Property Tax due June 30.		No
<u> </u>	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent	
GROFFREY M. WAYNE, P.A.				81 Name			
BRICKELL BAY OFFICE TOWER				82 Street Address (P.O. Box Number is Not Acceptable)			
1001 <b>\$</b> . Bayshore drive, suite 2702							
MM	MI FL 33131-4900		83				
			84	City		<b>85</b> Zip	Code
			]-`	0.1,	F	<b>:L</b>  °°  '``	1
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above	e-named	corporation submits this statement for the purpos poration's board of directors. I hereby accept the	e of changing	its registered
agent. Lar	n <b>fam</b> iliar with, and accept the obligat	ions of, Section 607.0505, Flori	da Statutes	r interconj 3.	poration's poard of directors. Thereby accept the	appointment as	s registered
SIGNATURE							1
	Signature, typed or printed hanc of registered agent			nt Rignature	required when reinstating) DAT		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P	☐ DELETE	1.1 THILE	1	RIVAS, FRANCISCO	<b>≥4</b> Change	Addition ]
NAME	RIVAS, FRANCISCO		1.2 NAME		TOLON WILL STREET		-
STREET ADORESS	4955 SW 75TH AVE.		1.3 STREET		7819 N.W. ISTH STREET		Į.
CITY-ST-ZIP	MIAMI FL 33155		1.4 CHY-S	IT-ZIP	MIAH), FL. 3312C		<del></del>
TITLE	VP	DELETE	2.1 TITLE		BOTELO, MARIA E.	Change	Addition
NAME	BOTERO, MARIA E		2.2 NAME		7819 N.W. IJTH STREET		}
STREET ADDRESS	4955 SW 75TH AVE.		23 STREET				ļ
CITY-ST-ZIP	MIAMI FL 33155	T pro Eve	2.4 CITY -	ST-ZIP	MIAMI, FL. 33126		
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET				ļ
CITY-ST-ZIP		DOLETE	3.4. CITY - 1	ST-ZIP	 	Charac	
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREFT				}
CITY-ST-ZIP		Doubte	4.4 CITY-S	T-ZIP		Change	Addition
TITLE		(_) DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME			J	72
STREET ADDRESS			53 STREET				4.24
CITY-ST-ZIP		T DESETT	5.4 CITY - S	1 - ZIP	800002500	1 -11 -05	Addition
TITLE		[_] DELETE	6.1 TITLE		-04/27/9801009	wr-⊒ <u>aau</u> unange -∐'2∐	LJ AOURION
NAME V			6.2 NAME		***150.88	QC.D	
STREET ADDRESS	$\sim$	$\wedge$	6.3 STREET		本本中についませむ 		
CITY-ST-ZIP	ertify that the information expelled with	this filing does not quality for	6.4 City-S		ed in Section 119.07(3)(i) Florida Statutos I furtha	r certify that th	a information
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 rule and securate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation for the receiver or truston amplified by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changely, a 1 m an attachment with an addless.							
officer or of Block 12 c	ilrector of the corpolation or the receiver Block 13 if changed in the an attact	ver or trustee empowered o ex oment with an address	ecute this	report as	s required by Chapter 607, Florida Statutes; and th	at my name ap	opears in
2100K 12 C	" areas to a changer, a but on allaci	and the an equipose.					1