

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000070477 (1)

1. Corporation Name  
AEROLEASING INC.



Principal Place of Business  
14250 SW 136 STREET BAY #3  
MIAMI FL 33186

Mailing Address  
14250 SW 136 STREET BAY #3  
MIAMI FL 33186

3. Date Incorporated or Qualified 09/13/1995 3a. Date of Last Report

2. Principal Place of Business 21 2a. Mailing Address 26 1500 San Remo Avenue

Suite, Apt. #, etc. 22 Suite 210

City & State 23 Coral Gables, FL

Zip 24 33146 Country 25 USA

4. FEI Number 65-0607509 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

LIEB, KURT  
10224 SW 139 PLACE  
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name Law Offices of Mark D. Grossman  
82 Street Address (P.O. Box Number is Not Acceptable) 1500 San Remo Avenue  
83 Suite 210  
84 City Coral Gables FL 85 Zip Code 33146

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] 4/26/96  
Signature, typed or printed name of registered agent and too if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
P/T/D	Juan Salas	13545 SW 8 Lane	Miami, FL 33184	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
VP/S/D	Christine Lieb	14250 SW 136 Street, #3	Miami, FL 33186	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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:

[Signature] VP  
Christine Lieb, VP

04/26/96 305-2519771  
Date Daytime Phone #

CR2E034 (12/95)