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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P96000093377 (5)

AIRCRAFT SALES AND LEASING CORP.

Principal Place of Business Mailing Address 7286 NW 70 STREET 7286 NW 70 STREET MIAMI FL 33166 MIAMI FL 33166-2902 2. Principal Place of Business 2a. Mailing Address

3. Date Incorporated or Qualified 3a. Date of Last Report 11/14/1996 (FIRST REPORT-4 4. FEI Number Applied For 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zin Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 61 CURASI, JAMES B 3240 CAPITAL CIRCLE SW 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32310 83 84 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. Stignation, typed or printed name of registered agent and too it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ___ Addition Change DELETE 1.1 TITLE TITLE MATHESON, DONALD 1.2 NAME NAME **7286 NW 70 STREET** STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33166** 1.4 CITY-ST-ZIP CITY-ST 26 Change DELETE Addition TITLE 21 TITLE 22 NAME NAMÉ 23 STREET ADDRESS STREET ADORESS 2 4 CITY-ST-ZIP CID - S1 - 7# DELETE Change Addition 31 TITLE TITLE

NAME 32 NAME 3.3 STREET ADORESS STREET ADDRESS 34. CITY-ST-ZIP CITY-SI-78 Change DELETE Addition 4.1 TITLE TITLE 600002154316 4. 2 NAME 18 NAME -04/25/97--01002--020 4.3 STREET ADDRESS STREET ADDRESS ***165.00 4.4 CITY-ST-ZIP CHY-\$1-7-P DELETE 5.1 TITLE TIME 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - 20 OELETE Change Addition THILE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ANDRESS 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), morida 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 received outrystee employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13

SIGNATURE:

305-884-*410*0

FILED

Apr 23 1997 8:00am

Secretary of State