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FILED
Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000004901 (9)

1. Corporation Name

INDIGO AIRLEASE CORPORATION

Principal Place of Business

~~1221 BRICKELL AVE STE 2000~~
~~MIAMI FL 33131~~

Mailing Address

~~1221 BRICKELL AVE STE 2000~~
~~MIAMI FL 33131~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1997

4. FEI Number

65-072-8172

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 100 N.E. 3 Ave. Suite 800

Suite, Apt. #, etc.

22

City & State

23 Ft. Lauderdale, FL

Zip Country

24 33301

2a. Mailing Address

26 100 N.E. 3 Ave. Suite 800

Suite, Apt. #, etc.

27

City & State

28 Ft. Lauderdale, FL

Zip Country

29 33301

9. Name and Address of Current Registered Agent

~~HOFFMAN, KENNETH B.~~
~~1221 BRICKELL AVENUE~~
~~SUITE 2000~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name

BRAD WINOGRAD

82 Street Address (P.O. Box Number is Not Acceptable)

100 N.E. 3 rd Avenue, Suite 800

83

84

City Ft. Lauderdale

FL

85 Zip Code

33301

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

Brad Winograd, BRAD WINOGRAD, CFO

3/12/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GRANLUND, KARL-AXEL

STREET ADDRESS ~~1221 BRICKELL AVE STE 2000~~

CITY-ST-ZIP ~~MIAMI FL 33131~~

TITLE D ☐ DELETE

NAME ~~EVANS, JOHN~~

STREET ADDRESS ~~1221 BRICKELL AVE STE 2000~~

CITY-ST-ZIP ~~MIAMI FL 33131~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME GRANLUND, KARL-AXEL

1.3 STREET ADDRESS SODFA FORSTADSGATAN 4.5-211-43

1.4 CITY-ST-ZIP MALMO, SWEDEN

2.1 TITLE P/D ☒ Change ☐ Addition

2.2 NAME EVANS, JOHN

2.3 STREET ADDRESS 100 N.E. 3 Ave., Suite 800

2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

3.1 TITLE V/S ☐ Change ☒ Addition

3.2 NAME WINOGRAD, BRAD

3.3 STREET ADDRESS 100 N.E. 3 Ave. Suite 800

3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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: *Brad Winograd*

BRAD WINOGRAD, CFO, 3/12/98 (954) 760-7777

CR2E034 (10/97)