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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S00186

(4)

Mailing Address

GLOBE AIR LEASING, INC.

		HILEI)
Apr	18	1997	8:00am
Se	cre	tary c	of State

|--|

8221 N.W. 54TI MIAMI FL 3316	•	8221 N.W. 54TH STREET Miami Fl 33166-4008					
					3. Date Incorporated or Qualified 09/17/1990	3a. Date of Las 01/16/1990	
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			22-2473783		Not Applicable
Suite, Apt 22	#, etc	Su/te, Apt. #, etc.	27 City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State 23		28			6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees		
Zip 24	Country 25		Coun	lry		Yes No	r s. 199.032,
	9. Name and Address of Curre				10. Name and Address of New Reg	istered Agent	
	PRENTICE-HALL CORPORATION	on system inc.	'	11 Name			
SUN	I HAYS STREET TE 105		Ĺ		dress (P.O. Box Number is Not Acceptab	e)	
TALI	LAHASSEE FL 32301			33			
			ļī	City		FL 85 Zi	ip Code
agent Lar SIGNATURE	m familiar with, and accept the obliq	gations of, Section 607.0505, Flo	rida Statu	tes.	rporation submits this statement for the p ation's board of directors. I hereby accep		as registered
·····	Signature, typed or per tea name of registered ag			Agent Bignature req	uired when reinstating)	DATE	OBO ILLIA
12.	ST OFFICERS AF	ND DIRECTORS DELETE	13.	,	ADDITIONS/CHANGES TO OFFIC	Chang	
1:11 F	SOLOMONS, LOURDES		1.1 TITL			E Grang	le [7] Yourou
NAME Name - Internation	8221 NW 54TH STREET		1.2 NAM	·			
STREET ADDRESS	MIAMI FL 33166-0084			EET ADDRESS			
CHY-ST ZO: THE	D	DELETE	1.4 CH	Y-ST-ZIP		Chang	ne Addition
NAME	BLUM, CLAUDE P		2.2 NAM	- 1		Carl Orang	io CJ Magnion
STREET ADDRESS	8221 NW 54TH STREET			EET ADDRESS			
CITY - S1 - Zif	MIAMI FL 33166-0084			Y-ST-ZIP			
THE	D	DELETE	3.1 TITL			Chang	ge Addition
NAMir	RIVERA, OSCAR R		3.2 NAM	1E]			
	-0221 NW 54TH STREET		1	EET ADDRESS			
CI3.4 - 21 - 24F	MIAM! FL 33166-0084		3.4. CIT	Y-ST-ZIP			
liltí		☐ DELETE	4.1 TITE	E		Chang	e Addition
NAME			4. 2 NA	ME			
STREET ACORESS			4.3 STR	EET AODRESS			
CITY - ST - ZIP			4.4 CIT	r-ST-ZIP			
TILLE		☐ DELETE	5.1 TITL	E		☐ Chang	ge Addition
NAME			5.2 NA	AE.			
STREET ADDRESS			5.3 STR	EET ADDRESS			
CITY ST ZIP			5.4 CIT	r-SI-ZIP			
Tille	,	☐ DELETE	6.1 T(T)			☐ Chang	ge 🔲 Addition
NAME			6.2 NA	AE			
STREET ADDRESS			6.3 STF	EET ADORESS			
CHM+S1-ZiP			6.4 CIT	r-ST-ZIP	•		
	w certify that the information suppli	ed with this filing does not qualif			ed in Section 119.07(3)(i). Florida Statute:	a. I further certify the	nat the

4. I do hereby certify that the information supplied with fins filing does not quality for the exemption stated in Section 119.07(3)(i). Forida Statutes. I furner 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

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24/10/97 2055940084