

FILE NOW: FILING FEE AFTER MAY 1 IS \$ 25.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M39324** (2)
1. Corporation Name
ACE RELIABLE LEASING, INC.



Principal Place of Business Mailing Address
**2050 NE 151ST ST
NORTH MIAMI FL 33162
US**

3. Date Incorporated or Qualified **10/01/1986** 3a. Date of Last Report **02/17/1995**
4. FEI Number **59-2722680** 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

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
**POLLOCK, DORE
10320 SW 71ST AVE
MIAMI FL 33156**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 _____ DATE _____
NOTE: If registered agent signature is required, the registered agent must sign this statement.

12. OFFICERS AND DIRECTORS
P DELETE
NAME: **STEINHARDT, STEVEN**
STREET ADDRESS: **2000 TOWERSIDE TERRACE**
CITY-STATE-ZIP: **MIAMI FL**
V DELETE
NAME: **POLLOCK, DORE**
STREET ADDRESS: **10320 SW 71ST AVENUE**
CITY-STATE-ZIP: **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and accurate and that my signature shall have the same legal effect as if made under oath, if 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 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, if 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 does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes.

SIGNATURE: *Wore Pollock V.P.* **DORE Pollock V.P.** 1/22/96 (305) 9470709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)