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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **M91798** **(2)**

1. Corporation Name
BRUTE TOWER LEASING CORPORATION

Principal Place of Business	Mailing Address
C/O BRUCE SIMONSEN 3638 W. FLAGLER. ST. MIAMI FL 33135	C/O BRUCE SIMONSEN 3638 W. FLAGLER. ST. MIAMI FL 33135

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/29/1988
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business	2a. Mailing Address
21 1 Grove Isle Dr	26 P.O Box 145093
Suite, Apt. #, etc. 22 #1209	Suite, Apt. #, etc. 27
City & State 23 Miami FL	City & State 28 Coral Gables FL
Zip 24 33133 Country 25 USA	Zip 29 33114-5093 Country 30 USA

4. FEI Number: 65-0088002 ☐ 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	10. Name and Address of New Registered Agent
SIMONSEN, BRUCE 3638 W. FLAGLER ST. MIAMI FL 33135	81 Name: Bruce Simonsen 82 Street Address (P.O. Box Number is Not Acceptable): 3589 SW 17 St 83 84 City: Miami FL 85 Zip Code: 33145

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: Bruce Simonsen · President — DATE: 3-31-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☑ Change ☐ Addition
NAME	SIMONSEN, BRUCE	1.2 NAME		
STREET ADDRESS	3638 W. FLAGLER ST.	1.3 STREET ADDRESS	3589 SW 17 St	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami FL 33145	
TITLE	SC	2.1 TITLE		☑ Change ☐ Addition
NAME	MILLER, JOY A.	2.2 NAME		
STREET ADDRESS	3638 W. FLAGLER ST.	2.3 STREET ADDRESS	#1209 1 Grove Isle Dr	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami FL 33133	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: Bruce Simonsen — 3-31-95 — 305-445-5836
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

014M01 CP