

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

**FILED**

**Mar 13 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P96000004616 (4)**

1. Corporation Name  
**ONSPOT TRAILER LEASE, CORP.**



Principal Place of Business: **533 EAST 61 STREET, REAR HIALEAH FL 33013**  
Mailing Address: **533 EAST 61 STREET, REAR HIALEAH FL 33013-1138**

3. Date Incorporated or Qualified: **01/18/1996**  
3a. Date of Last Report: **1/16/96**

2. Principal Place of Business: **1312 NW 125 TERRACE**  
2a. Mailing Address: **1312 NW 125 TERRACE**

4. FEI Number:  Applied For  
 Not Applicable

22. Suite, Apt. #, etc.

5. Certificate of Status Desired:  **\$6.75 Additional Fee Required**

23. City & State: **Sunrise, Florida**  
28. City & State: **Sunrise FL**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

24. Zip: **33323** Country: **U.S.A.**  
29. Zip: **33323** Country: **U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**ESTEVEZ, TATIANA  
533 EAST 61 STREET, REAR  
HIALEAH FL 33013**

10. Name and Address of New Registered Agent  
81 Name: **CIRA ESTEVEZ**  
82 Street Address (P.O. Box Number is Not Acceptable): **1312 NW 125 TERRACE**  
83  
84 City: **Sunrise** FL 85 Zip Code: **33323**

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: *Cira Estevez* **CIRA ESTEVEZ** DATE: **01/03/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>PSD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ESTEVEZ, TATIANA</b>	
STREET ADDRESS	<b>533 EAST 61 STREET, REAR</b>	
CITY - ST - ZIP	<b>HIALEAH FL 33013</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>CIRA ESTEVEZ</b>	
1.3 STREET ADDRESS	<b>1312 NW 125 TERRACE</b>	
1.4 CITY - ST - ZIP	<b>SUNRISE FL 33323</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	<b>\$BANK</b>	
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)(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 on an attachment with an address.

SIGNATURE: *Cira Estevez* **CIRA ESTEVEZ** DATE: **01/3/97** (305) 825-3016

CR2E034 (9/96)