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**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.:
27. 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**
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE: PSD	1.2 NAME: CIRA ESTEVEZ	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS: 1312 NW 125 TERRACE	1.4 CITY-ST-ZIP: SUNRISE FL 33323		
2.1 TITLE:	2.2 NAME:	<input type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:		
3.1 TITLE:	3.2 NAME:	<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:		
4.1 TITLE:	4.2 NAME:	<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:		
5.1 TITLE:	5.2 NAME:	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:		
6.1 TITLE:	6.2 NAME:	<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS:	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
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E034 (9/96)