

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PH 3: 17

DOCUMENT # M39324 (2)

1. Corporation Name

ACE RELIABLE LEASING, INC.

Principal Place of Business

1031 5TH STREET
MIAMI FL 33139
US

Mailing Address

1031 5TH STREET
MIAMI FL 33139
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/01/1986	3a. Date of Last Report 01/20/1994
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 21. 2050 NE 151 st St Suite, Apt. #, etc.	2a. Mailing Address 26. 2050 NE 151 st St Suite, Apt. #, etc.
22. City & State 23. North Miami	27. City & State 28. North Miami
24. Zip 33162	25. Country DADE
29. Zip 33162	30. Country DADE

9. Name and Address of Current Registered Agent

POLLOCK, DORE
1031 5TH STREET
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81. Name SAME
82. Street Address (P.O. Box Number is Not Acceptable) 10320 SW 71 Ave
83. (10320)
84. City MIAMI
85. Zip Code 33156

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

(Signature type the printed name of registered agent and the filer separately)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GOODMAN, LEWIS R. 555 REINANTE MIAMI FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Eliminate no longer officer ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEINHARDT, STEVEN 2000 TOWERSIDE TERRACE MIAMI FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POLLOCK, DORE 555 REINANTE MIAMI FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SAME SAME 10320 SW 71 Ave MIAMI FL 33156 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(b), 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: Dore Pollock DORE Pollock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/95 305
9470709
(Type Name)