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

PROFIT CORPORATION ANNUAL REPORT

1996

AAA AUTO LEASING INC



FLORIDA DEPARTMUNT OF STATE
Sandra B. Mortharn
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

301612

(8)

FILED
Apr 26 1996 8:00 am
Secretary of State

Principal Place	of Business	Mailing Address			
1995 N.E. 142ND STREET 1995 N.E. 142ND STREET NORTH MIAMI FL 33181-1505 NORTH MIAMI FL 33181-1					
				3. Date Incorporated or Qualified 02/07/1966	3a. Date of Last Report 05/01/1995
<u> </u>	ace of Business	2a, Mailing Address		4. FEI Number	Applied For
21	H -4-	26		59-1158211	Not Applicable
Suite, Apt. 4	μ, e.c.	Suite, Apt. #. etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25 9. Name and Address of Curre	29	30	Florida Statutes Yes	
		nt Registered Agent	81 Name	10. Name and Address of New Ro	egistered Agent
-	0101###0				
ZILBER, SIGMUND			82 Street Ac	it Address (P.O. Box Number is Not Acceptable)	
1995 N.E. 142ND ST NORTH MIAMI FL 33161			83		
NORIN	MIMMI FE 33 10 1				
			84 City		FL 85 Zip Code
or register familiar wit	ed agent, or both, in the State of Flor h, and accept the obligations of, Ser Sgrabae, Spector pink that had been seen	da Such change was antho thon 607.0505, Florida Statut	rized by the corporation's bo	cration submits this statement for the purporard of directors. I hereby accept the apporance of the control of	intment as registered agent. Lam
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TATLE	P	☐ DELETE	1 1 bili E		Change Addition
NAME	STEINBERG, EDWARD		1.2 NAME		
STREET ADDRESS	1995 N.E. 142ND ST		1.3 STREET AGORESS		
CITY-ST-ZIP TULE	NORTH MIAMI FL.	□1 DELETÉ	2 1 IPUE		Change Addition
NAME	ZILBER, SIGMUND	<u>_</u>	2.2 NAME		_ s.a.g, n.a.ms.
STREET ADORESS	1995 N.E. 142ND ST		23 STREET ADDRESS		
CITY - ST - ZIP	NORTH MIAMI FL		2.4.0(f) ST-ZP		
TITLE		☐ DELETE	3 1 10 LE		Change Addition
NAME			3.2 NAME		
STREET ACCRESS			3.3 STHEFT ADDRESS		
CITY-ST-ZIP		- December	3.4 C/TY - ST - ZIP		
TITLE		DELETE	4 1 3:TLE		Change D Addition
STREET ADDRESS			4.2 NAME 4.3 STREFT ADDRESS		
CITY-ST-ZIP			4.4 C-TY - ST- ZiP		
TITLE		DELETE	5 1 TillE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ACORESS			5.3 STREET ADDRESS		
CiTY+ST-ZiP			5.4 C+TY - ST - ZIP		
TITLE		DELETE	6 1 T.ILE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			€ 4 CiTY - ST - ZiP		

14. Ido hereby certify that the information supplied with this filing is voluntarily formshed and 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 is true and accorde and that my signature shall have the same legal effect as if made under oath, that I am an officer or disector of the communities or true energy over the 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

Will Sigmi

4/2/96

(305) 944.4422