DOCUMENT # 301612 1. Entity Name AAA AUTO LEASING INC						APF/ Fi			
						02 FEB - 8 PM 3: 55			
rincipal Plac	ce of Business	Mailing Address			_		-	-	
Principal Place of Business 1995 N.E. 142ND STREET NORTH MIAMI FLA 33181-1505		ONE RIVERWAY STE 500			TALLAHASS	y of state ee. florid	A		
		Houston TX 77056 US							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CIN	/	I WRITE IN THIS			
City & Stat	1	City & State			/4 ! F	FEI Number 59-115	82.11	N	pplied For ot Applicable
Zip	Country	Zip	Country	1		Certificate of Status Des		\$8.75 Ac	
	6. Name and Address of Current	Hegistered Agent		Name	7. F	Name and Address of	New Registered	Agent	
	ATION SERVICE COMPANY YS STREET			Street Addre	ss (P.O. E	Box Number is Not Acce	eptable)		
TALL. FL 32301				<u></u>					
The above	e named entity submits this statement fo Signature, typed or printed name of registered agent oration is eligible to satisfy its Intangible	and title if applicable. (NO	s registered of TE: Registered Ag	gent signature rec	uired when re	einstating) 10. Election Campa	DATE	\$5.0	
The above GNATURE , This corpo Tax filing , (See criter	e named entity submits this statement fo Signature, typed or printed name of registered agent oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW After May 1, 20 Make Check Paya	TE: Registered Ag	office or reg gent signature red \$ \$150.00 ill be \$550.0	uired when re	einstating)	e of Florida. Date ign Financing ribution.	\$5. □ Adde	00 May Be d to Fees
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	ACCOUNT NO. : 07210000032	
	REFERENCE : $419083 - 71$	11512
	AUTHORIZATION : Patricia Proje	あ
	COST LIMIT : \$ 150.00	
ORDER DATE :	February 7, 2002	·
ORDER TIME :	11:48 AM	
ORDER NO. :	419083-175	
CUSTOMER NO:	7111512	
Coa One Su	. Shayne A. Rosecrans ach Usa e Riverway ite 500 uston, TX 770561903	
	ANNUAL REPORT FILING	RE (02 FEB DEPARIM DIVISION OF TALLAHA
NAME :	AAA AUTO LEASING INC.	RECEIVED D2 FEB -8 PH I: 53 PARIMENT OF STATE SION OF CORPORATIONS LLAHASSEE, FLORIDA

XX ___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds-EXT#1133

EXAMINER'S INITIALS:

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