FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **422213** **(9)**

1. Corporation Name

TREW LEASING CO., INC.

Principal Place of Business

9000 N.W. 15 STREET
MIAMI FL 33172

Mailing Address

9000 N.W. 15 STREET
MIAMI FL 33172

2. Principal Place of Business
21
State Address
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
State Address
27
City & State
28
Zip 29 | Country 30

3. Date Incorporated or Qualified: **03/28/1973**

3a. Date of Last Report: **02/03/1995**

4. FEI Number: **59-1465641** | 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

9. Name and Address of Current Registered Agent

HALL, TERRENCE
9000 NW 15 ST
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name: RUBEN AVERSA
82 Street Address (P.O. Box Number is Not Acceptable): 9000 NW 15 STREET
83
84 City: MIAMI FL 85 Zip Code: 33172

11. Pursuant to the provisions of Sections 607.0502 or 617.1908, 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 or 617.0501, Florida Statutes.

SIGNATURE: _____ DATE: 1/22/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	HALL, TERRENCE		2 NAME	
STREET ADDRESS	9000 N.W. 15 ST.		3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	AVERSA, RUBEN R.		6 NAME	
STREET ADDRESS	9000 N.W. 15 ST.		7 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		8 CITY-ST-ZIP	
TITLE	S	☐ DELETE	9 TITLE	☐ Change ☐ Addition
NAME	SPITZER, EDIE		10 NAME	
STREET ADDRESS	9000 N.W. 15 ST.		11 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		12 CITY-ST-ZIP	
TITLE		☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME			14 NAME	
STREET ADDRESS			15 STREET ADDRESS	
CITY-ST-ZIP			16 CITY-ST-ZIP	
TITLE		☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME			18 NAME	
STREET ADDRESS			19 STREET ADDRESS	
CITY-ST-ZIP			20 CITY-ST-ZIP	
TITLE		☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	

ELECTRONIC FILING
-03/26/96- 01030--009
**200.00

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental requirement 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 with an indication that I am a new officer or director.

SIGNATURE: RUBEN AVERSA JAN/22/96 592-96-46

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CR2E034 (12/95)