FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 42221

(9)

TREW LEASING CO., INC.

FILED Feb 24 1998 8:00am Secretary of State



				<u> </u>	
Principal Place	e of Business	Mailing Address			
9000 N.W. 15 STREET 9000 N.W. 15 STREET					
MIAMI FL 33172		MIAMI FL 33172		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				03/28/1973	
2. Principal Place of Business 2a. Mailing Add		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1465641	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		J. Commodic of Glade Decision	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	Davidson III	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	B. This corporation owes or has paid the	current year Intangible Ses No
24	25 9. Name and Address of Cu		30	Personal Property Tax due June 30. 10. Name and Address of New Register	
AV	ERSA, RUBIN		81 Name		
			<u> </u>		
9000 NW 15 STREET MIAMI FL 33172			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
MIMMI FL 331/2			83		
			84 City	F	85 Zip Code
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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) DATE					
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	HALL, TERRENCE		1.2 NAME		-
STREET ADORESS	9000 N.W. 15 ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY+ST-ZIP		
TITLE	V	DELETE	2.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	AVERSA, RUBEN R.		2.2 NAME		
STREET ADDRESS	9000 N.W. 15 ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY - ST - ZIP		
TITLE	S	DELETE	3.1 TITLE		Change Addition
NAME	SPITZER, EDIE		3.2 NAME		-
STREET ADDRESS	9000 N.W. 15 ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4. CITY - \$1 - ZIP		
TITLE		DELETE	4.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	partify that the information currely	ad with this filing Those not quality for		in Section 119 07(3)(i) Florida Statutes, I furthe	certify that the information

4. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplication of the corporation or the report is true and abcurate 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 report 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 affactment with an address.

SIGNATURE:

342E034 (10/9)

532-8647