


FILED
Feb 24 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998



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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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9. Name and Address of Current Registered Agent	
AVERSA, RUBIN 9000 NW 15 STREET MIAMI FL 33172	81 Name 82 Street Address 83 84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)

12. OFFICERS AND DIRECTORS		13.	
TITLE	P HALL, TERRENCE	<input type="checkbox"/>	DELETE
NAME	HALL, TERRENCE		
STREET ADDRESS	9000 N.W. 15 ST.		
CITY-ST-ZIP	MIAMI FL		
TITLE	V AVERSA, RUBEN R.	<input type="checkbox"/>	DELETE
NAME	AVERSA, RUBEN R.		
STREET ADDRESS	9000 N.W. 15 ST.		
CITY-ST-ZIP	MIAMI FL		
TITLE	S SPITZER, EDIE	<input type="checkbox"/>	DELETE
NAME	SPITZER, EDIE		
STREET ADDRESS	9000 N.W. 15 ST.		
CITY-ST-ZIP	MIAMI FL		
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

Supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attachment with an address.

[Signature] Feb/12/98 592-0647