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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 524154 (2)

1. Corporation Name
ALLIED LEASING, INC.



Principal Place of Business

3301 CORAL WAY
BOX 45
MIAMI FL 33143

Mailing Address

3301 CORAL WAY
BOX 45
MIAMI FL 33145-2264

3. Date Incorporated or Qualified
01/20/1977

3a. Date of Last Report
04/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-2360387

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

LEE, RICHARD J P.A.
2655 LE JEUNE RD.
5TH FL.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D FARENHEM, DERRI
NAME 11851 S.W. 99TH STREET
STREET ADDRESS MIAMI FL 33186
CITY-ST-ZIP



DELETE

TITLE PD PORTEOUS, SIMON
NAME 2121 PONCE DE LEON #700
STREET ADDRESS CORAL GABLES FL
CITY-ST-ZIP



DELETE

TITLE ST FARENHEM, ALLEN
NAME 3301 CORAL WAY BOX 45
STREET ADDRESS MIAMI FL 33145
CITY-ST-ZIP



DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



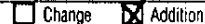
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD
1.2 NAME AMOILS, DENNIS
1.3 STREET ADDRESS 3301 CORAL WAY
1.4 CITY-ST-ZIP MIAMI FL 33145



Change

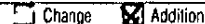


Addition

2.1 TITLE SD
2.2 NAME BASS, SHERRI
2.3 STREET ADDRESS 3301 CORAL WAY
2.4 CITY-ST-ZIP MIAMI FL 33145



Change

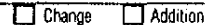


Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP



Change

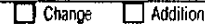


Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP



Change



Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP



Change



Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP



Change



Addition

14. I do hereby certify that the information 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 indicated on this annual report or 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 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 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Simon Porteous

3/20/97

(305) 441-0952

Daytime Phone #

CR2E034 (9/96)