FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name 589787 (1)

METROPOLITAN LEASING SERVICES, INC.

Principal Place of Business Mailing Address						90: 0:0 :1 0:0 :1 9:0 :1 1	
SUITE 207 SUITE 207		255 UNIVERSITY DRIVE SUITE 207 CORAL GABLES FL 3313					
		COURT CHORECO TE WILLY		3. Date Incorporated or Qualified 10/18/1978	3a. Date of Las 05/01/		
Principal Place of Business 2a. Mailing Address				WATER CATEGORIES	4. FEI Number	1 T	Applied For
26 814 Ponce De			De Le	on Bly	d. 59-2409398		Not Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired	1 1 '	.75 Additional
22 814 Ponce De Leon Blvd 303						F	ee Required
City & State City & State					Election Campaign Financing Trust Fund Contribution		5.00 May Be
²³ Coral Zip	Gables F1.	28 Coral Gabl	Country		This corporation has liability for it		dded to Fees
T.1	han i' '	177	-		Florida Statutes Yes		7 0 100.00E,
	9. Name and Address of Curren	t Registered Agent	dae		10. Name and Address of New R	egistered Agent	
81 Name							
ROCA, JOSE R 255 UNIVERSITY DR, STE 207 CORAL GABLES FL 33134			82	814 Ponce De Leon Blyd (303)			
			63				
			84	DCora:	l-Gables. Fl	en e 85	Zip Code
				- ,		FL	33134
or registere	o the provisions of Sections 607.05.02 ed agent, or both, in the State of Floric h, and accept the obligations of, Secti	da. Such change was authorized	s, the above-nai d by the corpor	med corpora ation's board	tion submits this statement for the pur I of directors. I hereby accept the appo	pose of changing pintment as registe	its registered office ered agent. I am
SIGNATURE _				,			
12.	Signature, typed or printed have of registered agent. OFFICERS ANE		: Registered Agent s	ignature recurred	ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRE	CTORS IN 12
TITLE	PD	DELETE	1. 1 TIFLE		TADDITIONO OF PARAGEO TO OFF	√ Cha	
NAME	ROCA, JOSE R.		1.2 NAME	ł			
STREET ADDRESS	255 UNIVERSITY DR.		1,3 STREET AL	ODRESS p	14 Ponce De Leon	Blud i	(303)
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-				I
TITLE		DELETE	2.1 TITLE		oral Gabales, Fl	• 33 - 64º	nge 🔲 Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET AL	DDRESS			
CITY - ST - ZIP			24 CITY-S1-	ZIP			
TITLE		☐ DELETE	3 1 TITLE			☐ Cha	nge 🔲 Addition
NAME			3.2 NAME				
STREET ADDRESS			3 3. STREET A				
CITY-ST-ZIP		F) DELETE	3.4 CITY - ST -	ZIP		[] Cha	nge Addition
TITLE		☐ DELETE	4. 1 TITLE			பு	ilde [] Yaniilaii
NAME			4.2 NAME	noncec			
STREET ADDRESS			4.3 STREET AL				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - S1 - 5. 1 TITLE	ĮIr .		[] Cha	nge Addition
NAME			5 2 NAME			4	·
STREET ADDRESS			5.3 STREET A	DDRESS			
CITY-ST-ZIP			5.4 CITY - ST -				
TITLE		DELETE	6. 1 TiTLE		,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cha	nge 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET A	DDRESS			
CITY-ST-ZIP			64CITY-ST-	ZiP			
14 Lda barab	a codify that the information purryliad a	with this filing is voluntarily furnic	each bore bede	not qualify for	r the exemption stated in Section 119.	07/3\/k) Florida S	tatutes I further

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date