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 # **F87682** **(3)**

1. Corporation Name
A V LEASING CORP.

Principal Place of Business
1500 SAN REMO AVENUE
SUITE 215
CORAL GABLES FL 33146

Mailing Address
P.O. BOX 431433
215
MIAMI FL 33133
US

2. Principal Place of Business
21 10598 N.W. So. RIVER DR.
22 Street Address, Apt. #, etc.
23 City, State MEDLEY, FL
24 Zip 33178 25 County U.S.

2a. Mailing Address
26 10598 N.W. So. RIVER DR
27 Street Address, Apt. #, etc.
28 City, State MEDLEY, FL
29 Zip 33178 30 County U.S.

3. Date Incorporated or Qualified: **06/11/1982**

3a. Date of Last Report: **04/26/1995**

4. FEI Number: **59-2390415** [ ] 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 is subject to provisions of Section 608.501, Florida Statutes: [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

STEEN, SAMUEL, P.A.
1500 SAN REMO STE 215
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name WILLIAM J. MIRANDA
82 Street Address (P.O. Box Number is Not Acceptable) 10598 N.W. So. RIVER DR.
83
84 City MEDLEY FL 85 Zip Code 33178

11. Pursuant to the provisions of Section 607.1501, 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 certify that the above stated registered agent is familiar with and accepts the obligations of section 607.0501, Florida Statutes.

SIGNATURE [signature] 3/26/96

12. OFFICERS AND DIRECTORS

TITLE	DPS	[ ] DELETE
NAME	WILLIAM J. MIRANDA	
STREET ADDRESS	10598 NW S. RIVER DR.	
CITY ST ZIP	MEDLEY FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

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***200.00

14. I do hereby certify that the information supplied with this report is accurate, and that this entity still meets the requirements of Florida Statutes. I further certify that the information indicated on this report or supplemental 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 (*) or (**).

SIGNATURE: [signature] William J Miranda 2/1/96 305 883 1920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone

CR2E034 (12/95)