

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000005979 (7)

1. Corporation Name

AMERICAN MOTORCYCLE LEASING CORP.

Principal Place of Business

1300 COLLINS AVE #704
MIAMI FL 33139

Mailing Address

1300 COLLINS AVE #704
MIAMI FL 33139

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 432 Park Avenue South, #1010

Suite, Apt. #, etc.

27 Suite 1010

City & State

28 New York, NY

Zip

29 10016

Country

30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1996

3a. Date of Last Report

4. FEI Number

APPLIED FOR 65-0560235

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Robert L. Isett, Jr.

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

10515 SW 113th Place

83

84 City

Miami

FL

85 Zip Code

33176

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

7/24/97

12. OFFICERS AND DIRECTORS

TITLE DC ☐ DELETE

NAME ISETT, ROBERT L JR
STREET ADDRESS 432 PARK AVE S #1010
CITY-ST-ZIP NY NY 10016

TITLE DP ☐ DELETE

NAME SRB, KRISTIAN
STREET ADDRESS 423 PARK AVE S #1010
CITY-ST-ZIP NY NY 10016

TITLE DS ☒ DELETE

NAME HAVENS, ANTHONY L
STREET ADDRESS 423 PARK AVE S #1010
CITY-ST-ZIP NY NY 10016

TITLE D ☐ DELETE

NAME KAEMMLEIN, HANS J
STREET ADDRESS 423 PARK AVE S #1010
CITY-ST-ZIP NY NY 10016

TITLE I ☐ DELETE

NAME ADLER, ANTHONY W
STREET ADDRESS 423 PARK AVE S #1010
CITY-ST-ZIP NY NY 10016

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CHAIRMAN & CEO ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, on an attachment with an address.

APPROVED
AND
FILED

97 JUL 30 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (4/97)



AMERICAN MOTORCYCLE LEASING CORP.

432 PARK AVENUE SOUTH, SUITE 1010, NEW YORK, NY 10016
PHONE: 212 / 685 - 3100 FAX: 212 / 213 - 0380

24 July, 1997

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Document # F96000005979 (7)

Dear Sir or Madam:

Please find enclosed our Profit Corporation Annual Report for 1997 as well as our check number 7194 for \$173.75 (\$165.00 annual fee plus \$8.75 for Certificate of Status).

Please note that we did not receive the First Notice, so I was told that paying the \$165.00 fee would suffice. I have changed the mailing address to our New York office to ensure that I receive the correspondence on a timely basis.

Thank you.

Very truly yours,

Sandra L. Ahman
Vice President, Operations

/sla
Enclosures