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CORPORATION ANNUAL REPORT

1995

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1. Corporate Name

CAP LEASING CORPORATION

Principal Place of Business	Mailing Address
600 ANSIN BLVD. P.O. BOX 189 HALLANDALE FL 33009-2118	600 ANSIN BLVD P.O. BOX 189 HALLANDALE FL 33009-2118

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/18/1984
3a. Date of Last Report: 08/05/1994
4. FEI Number: 65-0118343 — 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

2. Principal Place of Business 21 / 2a. Mailing Address 26
Suite, Apt. # etc. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BLOOM, LEONARD H. ESQ. 1101 BRICKELL AVE. SUITE 1400 MIAMI FL 33131	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	PD	[ ] Change [ ] Addition
NAME	PICKMAN, ARTHUR P.	
STREET ADDRESS	SIX FOXFIRE ROAD	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	STD	[ ] Change [ ] Addition
NAME	PICKMAN, CLAIRE	
STREET ADDRESS	SIX FOXFIRE ROAD	
CITY-ST-ZIP	HOLLYWOOD FL	
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		

14. 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), 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: *Arthur Pickman* — 4/21/95 — 305 458-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0077831 CP