FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

AMENDED
CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 JUL 19 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500001545295
-07/25/95--01058--022
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

DOCUMENT # K58282

1. Corporation Name

MAYOR LEASING, CORP.

Principal Place of Business	Mailing Address
9915 N.W. 116th Way Medley, FL. 33178	9915 N.W. 116th Way Medley, FL. 33178

3. Date Incorporated or Qualified: 01/13/89
3a. Date of Last Report: 1995

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

4. FEI Number: 65-0093014 ☐ 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

Scilingo, Abel, R.
431 S.W. 56th Ave
Miami, FL. 33134

10. Name and Address of New Registered Agent

81 Name: Scilingo, Abel, R.
82 Street Address (P.O. Box Number is Not Acceptable): 9915 N.W. 116th Way
83
84 City: Medley, FL 85 Zip Code: 33178

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 _____ 7/5/95
Signature required if printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Scilingo, Abel, R. 432 S.W. 56 Ave. Miami, FL. 33134	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P/D Scilingo, Abel 431 S.W. 56 Ave Miami, FL. 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S/T Krupa, Michael 16631 Redwood Way Ft. Lauderdale, FL.	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D/S/T Scilingo, Juana 431 S.W. 56 Ave Miami, FL. 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/S 7/14/95	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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)(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: _____ 7/5/95 305-557-2722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ABEL R SCILINGO