SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL -5 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L12673** **(4)**

1. Corporation Name

AVTRADE LEASING CORP.

Principal Place of Business	Mailing Address
ONE SOUTHEAST THIRD AVE. STE. 970 MIAMI FL 33131	ONE SOUTHEAST THIRD AVE. STE. 970 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/31/1989
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business	2a. Mailing Address
21	26 1 S. E. 3rd Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 1250
City & State 23	City & State 28 Miami, Florida
24 / 25	29 33131 / 30 U.S.A.

4. FEI Number: 65-0160574 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$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	10. Name and Address of New Registered Agent
FEOLA, THOMAS P ESQ 1 SE 3RD AVE., STE. 970 MIAMI FL 33131	81 Name: THOMAS P. FEOLA, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable): 1 S. E. 3rd Avenue, Suite 1250 83 84 City: Miami **FL** 85 Zip Code: 33131

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 [illegible] DATE

12. OFFICERS AND DIRECTORS		13.	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	DUNN, FRED L.	12 NAME	
STREET ADDRESS	6215 SW 146TH COURT	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
TITLE	VT	21 TITLE	☐ Change ☐ Addition
NAME	Dunn, Philip J.	22 NAME	
STREET ADDRESS	3525 Estepona Avenue	23 STREET ADDRESS	
CITY ST ZIP	Miami, FL 33178	24 CITY ST ZIP	
TITLE	VS	31 TITLE	☐ Change ☐ Addition
NAME	Dunn, Gregory T.	32 NAME	
STREET ADDRESS	3525 Estepona Avenue	33 STREET ADDRESS	
CITY ST ZIP	Miami, FL 33178	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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 above, or on an attached supplemental name sheet.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR

6/28/95 (305) 592-7660
(Date) (Telephone #)

0697184 CP