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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 6:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # L24902

1. Corporation Name
LEASE USA, INC.

Principal Place of Business / Mailing Address

3. Date Incorporated or Qualified: 10/24/1989
3a. Date of Last Report: 3/3/94

2. Principal Place of Business
21: 3459 N. W. 65th Street
22: Suite, Apt. #, etc
23: City & State: Miami, FL
24: Zip: 33147 25: Country: USA

2a. Mailing Address
26: c/o 600 S. Andrews Ave.
27: Suite, Apt. #, etc.: Suite 400
28: City & State: Fort Lauderdale, FL
29: Zip: 33301 30: Country: USA

4. FEI Number: 59-2987705 ☐ 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

Green, Bruce David
888 S. Andrews Avenue
Suite 308
Fort Lauderdale, FL 33316

10. Name and Address of New Registered Agent

81 Name: Green, Bruce DAvid
82 Street Address (P.O. Box Number is Not Acceptable): 600 South Andrews Avenue
83: Suite 400
84 City: Fort Lauderdale FL 85 Zip Code: 33301

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/S	11 TITLE	Pres/Sec/Treas	☒ Change ☐ Addition
NAME	MOORE, PAUL	12 NAME	MOORE, PAUL	
STREET ADDRESS	3459 N. W. 65th Street	13 STREET ADDRESS	3459 N.W. 65th Street	
CITY ST ZIP	Miami, FL 33147	14 CITY ST ZIP	Miami, FL 33147	
TITLE	P	21 TITLE	VP/Sec	☒ Change ☐ Addition
NAME	HATHAWAY, CHARLES	22 NAME	HATHAWAY, CHARLES	
STREET ADDRESS	3459 N. W. 65th Street	23 STREET ADDRESS	3459 N.W. 65th Street	
CITY ST ZIP	Miami, FL 33147	24 CITY ST ZIP	Miami, FL 33147	
TITLE		31 TITLE	VP/Sec.	☐ Change ☒ Addition
NAME		32 NAME	FACENTE, JAMES	
STREET ADDRESS		33 STREET ADDRESS	3459 N.W. 65th Street	
CITY ST ZIP		34 CITY ST ZIP	Miami, FL 33147	
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		

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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: _____ 3-21-95 305-888-3103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #