
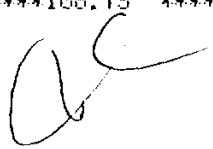
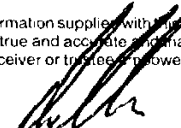


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED APR 23 11 58:00 FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # 198000003004 DHL LEASING L.C. 613 STANTON LANE WESTON FL 33326		1a. Principal Place of Business Address 613 STANTON LANE WESTON FL 33326			
2. Principal Place of Business 613 Stanton Ln. Suite, Apt. #, etc. City & State Weston FL. Zip 33326		2a. Mailing Address SAME Suite, Apt. #, etc. City & State Zip 33326		3. Date Organized or Qualified 12/04/1998 <input checked="" type="checkbox"/> FBI Number 65-0879196 <input checked="" type="checkbox"/> Date of Last Report N.A.	
7. Name and Address of Current Registered Agent STANTON G. LEVIN, P.A. 1570 MADRUGA AVENUE, SUITE 311 CORAL GABLES FL 33146		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <div style="text-align: center;">FL</div> Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____		DATE _____			
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when appointing a new agent)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	LEVIN, DAVID H	613 STANTON LANE		WESTON FL	
8000002856988-8 -04/23/98-01098-014 ****188.75 ****188.75 					
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 		David H. Levin president Apr. 12 1999			
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER (MANAGING MEMBER OR MANAGER)					