

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90014 035 ***150.00

DOCUMENT # M00284

1. Corporation Name
ESL LEASING, INC.

Principal Place of Business
90 EDGEWATER DR.
#204
CORAL GABLES FL 33133-6914

Mailing Address
90 EDGEWATER DR.
#204
CORAL GABLES FL 33133-6914

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1984

4. FEI Number

59-2412677

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00-May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANCHEZ, EDUARDO M
90 EDGEWATER DR.
#204
CORAL GABLES FL 33146

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS
NAME ALONSO-MENDOZA, EMILIO
STREET ADDRESS 8150 SW 53RD AVE
CITY-ST-ZIP MIAMI FL 33146

☐ DELETE

TITLE VPD
NAME SANCHEZ, JOSE E
STREET ADDRESS 1701 SW 102 AVE
CITY-ST-ZIP MIAMI FL 33146

☐ DELETE

TITLE TD
NAME SANCHEZ, EDUARDO M
STREET ADDRESS 90 EDGEWATER DR. #204
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SECRETARY - DIRECTOR ☒ Change ☐ Addition

1.2 NAME MARTHA E. SANCHEZ
1.3 STREET ADDRESS 1701 SW 102 AVE
1.4 CITY-ST-ZIP MIAMI, FL 33146

2.1 TITLE PRESIDENT - DIRECTOR ☒ Change ☐ Addition

2.2 NAME JOSE R. SANCHEZ
2.3 STREET ADDRESS 1701 SW 102 AVE
2.4 CITY-ST-ZIP MIAMI, FL 33146

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS CORAL GABLES, FL 33133-6914
3.4 CITY-ST-ZIP

4.1 TITLE VICE-TREASURER, DIRECTOR ☐ Change ☒ Addition

4.2 NAME VIVIAN M. DUYOS
4.3 STREET ADDRESS 5110 SAN AMARO DR.
4.4 CITY-ST-ZIP CORAL GABLES, FL 33146

5.1 TITLE VICE-SECRETARY, DIRECTOR ☐ Change ☒ Addition

5.2 NAME MARINA ALONSO-MENDOZA
5.3 STREET ADDRESS 8150 SW 53RD AVE
5.4 CITY-ST-ZIP MIAMI, FL 33146

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99
Date

805-747-1007
Daytime Phone #

CR2034 (11/98)