FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996		ary of State CORPORATIONS		
DOCU	JMENT # M367	² 47 (7)			
· '	TMINSTER LEASING CORP				
		•		i (18/88) t (88 dic)s sand esser and	# 1881 A(B)) A(B)) A(B)) B)A() B)A()
Principa: Plac	e of Business	Mailing Address			
% CESAR R. CAMACHO 145 HARBOUR DRIVE MIAMI FL 33149		% CESAR R. CAMACH	•	. constants tan bitte (#filt #191	s come mante minist diffil Albit didit bibit bibit
		145 HARBOUR DRIVE			
MIAMI FE S	33149	MIAMI FL 33149		3. Date Incorporated or Qualified	T
2 Principal P	Place of Business			08/13/1986	3a. Date of Last Report 05/01/1995
21	face or business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		59-2708350	Not Applicable
City & State	0	27		5. Certificate of Status Desired	\$8.75 Additional
23	e e	City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
Zip	Country	Zip	Contry	Trust Fund Contribution	Added to Face
24	25	29	30	This corporation has fiability for in Florida Statutes	itangible tax under s. 199.032,
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	Distance Agent
CAMAC	AU CEGYD D		.81 Name		Brosson Macut
CAMACHO, CESAR R. 145 HARBOUR DRIVE B2 Street Ac			fress (P.O. Box Number is Not Acceptable	1	
	FL 33149		83		,
			00		
			84 City		85 Zip Code
 Pursuant t or register 	to the provisions of Sections 607.0502 red agent, or both, in the State of Flori	2 and 607.1508, Florida Statutes, da. Such change was authorized	the abve-named corpor	ration submits this statement for the purpord of directors. I hereby accept the appoint	SA of changing its society
	th, and accept the obligations of, Sect	tion 607.0505, Florida Statutes.	portation's pod	ration submits this statement for the purpord of directors. I hereby accept the appoin	tment as registered agent. I am
SIGNATURE	Signature typed or printed name of registered again		Registe ^l Agent signature required		
12.		D DIRECTORS	1		DATE
11TLE	PD	☐ DELETE	1 VLE	ADDITIONS/CHANGES TO OFFICE	
NAME	CAMACHO, CESAR R.		1 2 i ME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	145 HARBOUR DRIVE MIAMI FL		1 SHEET ADDRESS		
TILE	Michili I F	☐ DELETE	1 ¶Y-ST-ZIP 2 TLE		
NAME		L	2 SME		☐ Change ☐ Addition
STREET ADDRESS			2 REE1 ADDRESS		}
CITY-ST-ZIP			2 (Y-ST-ZIP		
THILF		☐ DELETE	3.fle		Chapper T Aller
NAME Clater annoced			3 ME		Change Addition
STHEET ADDRESS CITY-ST-ZIP			3 REET ADDRESS		
T:TLF		☐ DELETE	3 Y - ST - ZIP		
NAME		_	4ME		Change Addition
STREET ADDRESS			SEET ADDRESS		
CITY-SI-ZIP			Y-ST-ZIP		
THLE NAME		☐ DELETE	E		Change Addition
STREET ADDRESS			ME USET Appropries		
CITY-S1-ZIP	Ì		ACET ADORESS TY-ST-ZIP		
TITLE		☐ DELETE	TLE		
NAME			· ME		☐ Change ☐ Addition
STREET ADDRESS			REET ADDRESS		
CITY - S1 - ZIP		(4) 4(1) 4(2)	TY-ST-ZIP	_	
certify that	y ceruly that the information supplied value information indicated on this annu-	with this filing is voluntarily furnish: pal report or supplemental annual	edidoes not qualify for the restrue and accurate a	ne exemption stated in Section 119.07(3)/k nd that my signature shall have the same port as required by Chapter 607 Florida S). Florida Statutes 16 at a
oath; that I appears in	i am an officer or director of the corpo Block 12 or Block 13 if changed, or c	ration or the receiver or trustee er In an attachment with an address	mirred to execute this rep	nd that my signature shall have the same loort as required by Chapter 607, Florida S	egal effect as if made under

SIGNATURE:

LOSSIAN OR PRINTED NAME OF SIGNING OFFICER OR TOR

s true and accurate and that my signature shall have the same legal effect as if made under ed to execute this report as required by Chapter 607, Florida Statutes; and that my name