Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90066 043 \*\*\*158.75

## 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

## DOCUMENT # M36747

1. Corporation	NSTER LEASING CORP.							
Principal Place of Business Mailing Address								
% CESAR R. CAMACHO % CESAR R. CAMACHO								
145 HARBOUR DRIVE 145 HARBOUR DRIVE MIAMI FL 33149 MIAMI FL 33149						DO NOT WRITE IN THIS SPACE		
MIAMI FL 33149 MIAMI FL 33149						3. Date Incorporated or Qualifed		
						08/13/1986		1
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	. A	pplied For
21		26				59-2708350		ot Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27				3. Certificate of Citatos Beamed	Fee R	equired
City & State	е	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year In		□No
24	25		30			Personal Property Tax.  10. Name and Address of New Registered	Yes	
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Registered	Ayent	
CAM	IACHO CESAR R			6'		<u> </u>		
CAMACHO, CESAR R. 145 HARBOUR DRIVE				82 Street Add		ess (P.O. Box Number is Not Acceptable)		l
MIAMI FL 33149				83				
14117-31	WITE 33149			83			•	
				84	City	FL	85 Zip	Code
				$\perp$		oration submits this statement for the purpose of	e changing it	s registered
SIGNATURE	m familiar with, and accept the oblig	gent and title if applicable (NOT)	E: Registered			d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ODS IN 12
12.		AND DIRECTORS	13.		1	ADDITIONS/CHANGES TO OFFICERS A	Change	
TITLE	PD OTTO DE DE	☐ DELETE	1.1 ΠΤ					
NAME	CAMACHO, CESAR R.		1.2 NA			,		
STREET ADDRESS	145 HARBOUR DRIVE		1		ADDRESS		•	
CITY-ST-ZIP	MIAMI FL DELETE			1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition
TITLE	_						,	
NAME			2.2 NA		r ADDRESS	عبير ساف المدرد الدارات المدارات الأساليان الدارات		ļ
STREET ADDRESS			2.4 C		1			
C/TY-ST-ZIP TITLE		DELETE 3.1			51-ZIF		Change	Addition
NAMÉ		<u></u>	3.2 N				<i></i>	
STREET ADDRESS					TADDRESS			
			3.4. C					
CITY-ST-ZIP TITLE		☐ DELETE					Change	Addition
NAME			4. 2 N					
STREET ADDRESS					TADDRESS		•	
CITY-ST-ZIP			4.4 CI					
TITLE		☐ DELETE	5.1 TC				Change	Addition
NAME			5.2 N/	ME			±	
STREET ADDRESS			5.3 \$1	REET	TADDRESS			
CITY-ST-ZIP			5.4 CI		T- ZIP	·		
TITLE		☐ DELETE	6.1 ∏	ΠE			Change	e 🗌 Addition
NAME	-3		6.2 NA	ME				
STREET ANNOESS			6.3 ST	REET	TADORESS		•	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #