

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PH 3: 17

DOCUMENT # M39324 (2)

1. Corporation Name

ACE RELIABLE LEASING, INC.

Principal Place of Business

1031 5TH STREET
MIAMI FL 33139
US

Mailing Address

1031 5TH STREET
MIAMI FL 33139
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/01/1986

3a. Date of Last Report

01/20/1994

4. FEI Number

59-2722680

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

2. Principal Place of Business

21 2050 NE 151st St

2a. Mailing Address

26 2050 NE 151st St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 North Miami

City & State

28 North Miami

Zip

24 33162

Country

25 DADE

Zip

29 33162

Country

30 DADE

9. Name and Address of Current Registered Agent

POLLOCK, DORE
1031 5TH STREET
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

10320 SW 71 Ave

83

(10320)

84 City

MIAMI

FL

85 Zip Code

33156

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 type the printed name of registered agent and the filer separately)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	GOODMAN, LEWIS R.
STREET ADDRESS	555 REINANTE
CITY- ST- ZIP	MIAMI FL
TITLE	P
NAME	STEINHARDT, STEVEN
STREET ADDRESS	2000 TOWERSIDE TERRACE
CITY- ST- ZIP	MIAMI FL
TITLE	V
NAME	POLLOCK, DORE
STREET ADDRESS	555 REINANTE
CITY- ST- ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ELIMINATE	☒ Change ☐ Addition
1.2 NAME	no longer officer	
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE	SAME	☒ Change ☐ Addition
3.2 NAME	SAME	
3.3 STREET ADDRESS	10320 SW 71 Ave	
3.4 CITY- ST- ZIP	MIAMI FL 33156	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dore Pollock

DORE Pollock

1/15/95

305

9470709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(XERO)

(Type in Block 13)