

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M41560

(7)

1. Corporation Name
AAXICO LEASING, INC.

Principal Place of Business

% BRUCE B. PACKMAN
8881 N.W. 13TH TERR.
MIAMI FL 33172

Mailing Address

% BRUCE B. PACKMAN
8881 N.W. 13TH TERR.
MIAMI FL 33172



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/13/1986	3a. Date of Last Report 06/25/1996
4. FEI Number 59-2737411	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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

PACKMAN, BRUCE B.
1500 SAN REMO AVENUE SUITE 125
CORAL GABLES FL 33146

81 Name

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

83

84 City

Dennis Ginsburg
1500 SAN REMO AVE #125
CORAL GABLES FL 33146

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

10/28/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KORTH, JAMES	
STREET ADDRESS	8881 N.W. 13TH TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KORTH, WILLIAM	
STREET ADDRESS	8881 N.W. 13TH TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	KORTH, THOMAS	
STREET ADDRESS	8881 N.W. 13TH TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KORTH, VALERIE	
STREET ADDRESS	8881 N.W. 13TH TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 as an attachment with an address.

9/22/97 1071385

CR2E034 (4/97)



(2)

8881 N.W. 13th Terrace
Miami, Florida 33172
USA

Telephone: (305) 592-4633
Fax: (305) 592-6828
SITA: MIAXSXD

October 16, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
Attn: Shawn Logan - Document Specialist

Re: Aaxico Leasing, Inc. - M41560
Letter #797A00042109

Dear Shawn:

I am in receipt of your letter as referenced above. Back on February 26, 1997 I sent checks along with the Annual Reports for three of our corporations - Aaxico UK, Aaxico Sales, and AAXICO LEASING. All reports were mailed in the same envelope. As of today, Aaxico UK and Aaxico Sales annual reports were processed and the checks were cashed. (see copies of cancelled checks).

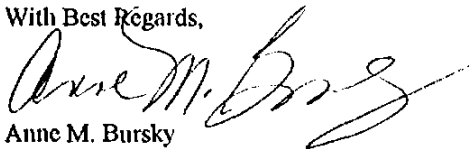
Apparently, AAXICO LEASING'S check was missed placed and lost as it is outstanding on my bank statement. I am enclosing a REPLACEMENT check along with the Annual Report again for processing. I am sorry for the delay in responding to this letter, but this correspondence was accidentally sent up to our CEO who spends the summer in Michigan. When he returned to Miami in late September he asked me to take care of this mix up, by that time it was past the thirty (30) days you gave in your letter.

I hereby request you that you DO NOT DISOLVE AAXICO LEASING. I have enclosed the additional fee of \$8.75 for the certificate of status.

Again, please accept our apologies for the delay. If you need to contact me for any reason, I can be reached at extension 127 at the above listed number.

Thank in you in advance for your time and consideration regarding this matter.

With Best Regards,


Anne M. Bursky
Accounting Manager

9 pgs + 1 Check

Subsidiaries:

AAXICO Europe / AAXICO Asia-Pacific Pte. Ltd. / AAXICO Industries Ltd. / AAXICO Leasing Inc.

Visit our website at <http://www.aaxico.com>