

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M52598**

(3)

1. Corporation Name

EQUIPMENT LEASING GROUP, INC.



Principal Place of Business

Mailing Address

**2601 S. BAYSHORE DR
STE. 1100
MIAMI FL 33133
US**

**P O BOX 450804
MIAMI FL 33245**

3. Date Incorporated or Qualified

05/22/1987

3a. Date of Last Report

02/07/1995

2. Principal Place of Business

2a. Mailing Address

21 **2600 S.W. Third Avenue**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite #800**

27

City & State

City & State

23 **Miami, Florida**

28

Zip

Country

Zip

Country

24 **33129**

25

USA

29

30

4. FEI Number

65-0014815

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI
1500 MIAMI CENTER
100 CHOPIN PLAZA
MIAMI FL 33131**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PDT**

STREET ADDRESS **ACEVEDO, RAFAEL A.**

CITY-ST-ZIP **819 PARADISO AVE.**

CORAL GABLES FL

TITLE ☐ DELETE

NAME **VDS**

STREET ADDRESS **ECHAVARRIA, ALEXANDER J.**

CITY-ST-ZIP **5800 GRANADA BLVD.**

CORAL GABLES FL

TITLE ☐ DELETE

NAME **D**

STREET ADDRESS **REYNA, FELICIANO**

CITY-ST-ZIP **841 S.W. 105TH STREET**

MIAMI FL

TITLE ☐ DELETE

NAME **D**

STREET ADDRESS **MARQUEZ, IVAN**

CITY-ST-ZIP **%2600 S.W. 3RD AVE.**

MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. Block 13 is changed, upon an attachment with an address.

SIGNATURE:

RAFAEL A. ACEVEDO

1/23/96

(305) 856-7586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime

CR2E034 (12/95)