FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
'95 MAR 22 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M90863 (5)

1. Corporation Name
LEASING IS U.S., INC.

Principal Place of Business	Mailing Address
600 SANDTREE DR., 306A PALM BCH GARDENS FL 33403	600 SANDTREE DR., 306A PALM BCH GARDENS FL 33403

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/26/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 2 South Plantation Drive
Suite, Apt. #, etc.
22 Suite 330
City & State
23 Plantation, FL
Zip 24 33324-3307 Country 25 Broward

2a. Mailing Address
26 2 South Plantation Drive
Suite, Apt. #, etc.
27 Suite 330
City & State
28 Plantation, FL
Zip 29 33324-3307 Country 30 Broward

4. FEI Number: 65-0069842 ☐ 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

SCHIAVO, FRED
600 SANDTREE DR
SUITE 306A
PALM BEACH GARDENS FL 33403

10. Name and Address of New Registered Agent

81 Name: Fred F. Schiavo
82 Street Address (P.O. Box Number is Not Acceptable): 2 South Plantation Drive
83 Suite 330
84 City: Plantation FL 85 Zip Code: 33324-3307

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	P/S/D	☒ Change ☐ Addition
NAME	SCHIAVO, FRED	1.2 NAME	Schiavo, Fred F.	
STREET ADDRESS	600 SANTREE DRIVE #306A	1.3 STREET ADDRESS	2 S. Plantation Dr., Suite 330	
CITY-ST-ZIP	PALM BCH GARDENS FL	1.4 CITY-ST-ZIP	Plantation, FL 33324-3307	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: _____ - Fred F. Schiavo 3/17/95 (407) 627-6034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0243600 CP