PROFIT CORPORATION -ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M98785

1. Corporation Name

BOSENTHAL LEASING, INC.

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90135 048 ***150.00

Principal Place	of Business	Mailing Address		1 (48)88:1 (10 (4:8) (3)(1) (400)	8161 AIII 2161 AIA1	BIBSI BIBIS B	.041 01011 1064
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80 PALM AVE.(PALM ISLAND) 80 PALM AVE.(PALM ISLA		80 PALM AVE.(PALM ISLAND) MIAMI BEACH FL 33139		DO NOT WR	ITE IN THIS SF	ACE	
MIAMI DEACH I	rL 33139	MIRMI DEAGIT TE GOTOS		3. Date Incorporated or Qualifed			
	•			09/12/1988			
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number		App	olied For
	S. DIVIE HUN	26 3250 S. D	IYIE HUN	65-0077742	·	Not	Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		\$8.75 A	dditional
22		27		5. Certificate of Status Desired		Fee Re	quired
City & State	e _	City & State		6. Election Campaign Financing		\$5.00	May Be
23 MIAT	mi, FL	28 MIAMI, FL		Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Country	8. This corporation owes the cur		a	r1
24 33133		29 33133 30	υ. S. A.	Personal Property Tax.			□No
	9. Name and Address of Curren	t Registered Agent	94 Name	10. Name and Address of New	Registered Ag	ent	
500	CATTIAL AN ADMIND	·	81 Name				
	enthal, Vladimir Alm Ave.		82 Street Add	iress (P.O. Box Number is Not Accept	able)		
			<i>3</i> 330	O.S. DIXIE HWY			
	M ISLAND MI BEACH FL 33139	ADDRESS	83	-			l l
MIAN	WI DEACH FL 33139	CHANGE	84 City			85 Zip C	Code
_		-	Mitan	MI	FL	33	133
1 44 Outentians	to the provisions of Sections 607.050	2 and 607 1508. Florida Statutes.	the above-named con	poration submits this statement for the	e purpose or cn	anging its	registerea
office or r	egistered agent or both in the State	of Florida, Such change was auth	orized by the corporat	ion's board of directors. I hereby acce		ient as reg	gistered
l office or re	egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was auth	orized by the corporat	non's board of difectors. I hereby acce	pr the appoint	ient as reț	gistered
l office or re	egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida, Such change was auth ions of, Section 607.0505, Florida	orized by the corporate a Statutes.		_	ient as reț	gistered
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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.

SIGNATURE;

_CR2E034.(11/98)