

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P92000013164 (8)

1. Corporation Name

PROFORMA LEASING, INC.



Principal Place of Business  
1489 W. PALMETTO PARK ROAD  
492  
BOCA RATON FL 33486

Mailing Address  
1489 W. PALMETTO PARK ROAD  
492  
BOCA RATON FL 33486-3327

3. Date Incorporated or Qualified  
12/18/1992

3a. Date of Last Report  
04/11/1996

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

4. FEI Number  
65-0377865

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

GOTTLIEB, KENNETH A  
125 N 46TH AVE  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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

| TITLE | NAME                    | STREET ADDRESS                   | CITY - ST - ZIP | DELETE                   |
|-------|-------------------------|----------------------------------|-----------------|--------------------------|
|       | DPST<br>OLIVERI, ANGELO | 1489 W. PALMETTO PARK ROAD, #492 | BOCA RATON FL   | <input type="checkbox"/> |
|       |                         |                                  |                 | <input type="checkbox"/> |
|       |                         |                                  |                 | <input type="checkbox"/> |
|       |                         |                                  |                 | <input type="checkbox"/> |
|       |                         |                                  |                 | <input type="checkbox"/> |
|       |                         |                                  |                 | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|---------------------|--------------------------|--------------------------|
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |

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 in an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED  
Angelo Oliveri

4/20/97 561-750-4477

Date

Daytime Phone #

0337629

CR2E034 (9/96)