## 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 # P9300005436 (9)

NATIONAL LEASING CORP.

## FILED Jul 28 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 7850 S.W. 64TH ST. 7850 S.W. 64TH ST. MIAMI FL 33166 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 01/25/1993 01/30/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0382311 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Ζŧρ Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes ☐ No 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CALDERON, STEVE 7850 N.W. 64TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33166 83 84 City 85 Z<sub>1</sub>p 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: Rig stered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 497 SVD Addition DELETE 1.1 1011 Change TITLE CALDERON, STEVE NAME 1.2 NAME 7850 N.W. 64TH ST. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33166** 1.4 CITY - ST - ZIP CITY-ST-ZIF PTD DELETE Change Addition TITLE 2.1 THE DE ROJAS, ALBERTO NAME 2.2 NAME 7850 N.W. 64TH ST. 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33166 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIF DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 62 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 filling 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 logal effect as if made under path; 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 nert with an address appears in Block 12 or Block 13 if