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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 28 1998 8:00am Secretary of State

	1330	5/11.0.0.1.01			Scorciary o	1 State
DOCUMENT # P9300005436 (9)					_	
NATIONAL LEASING CORP.						
Principal Place of Business Mailing Address						
7850 S.W. 64TH ST. 7850 S.W. 64TH ST. MIAMI FL 33166 MIAMI FL 33166						
		THE WATER COLOR			DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified	
Principal Place of Business 2a. Mailing Address					01/25/1993 4. FEI Number	Applied For
21 26					65-0382311	Not Applicable
I Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
22 27					5. Certificate of Status Desired	Fee Required
City & Stat	City & State City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	 28 	Country		Trust Fund Contribution 8. This corporation owes or has paid the cu	Added to Fees
24	25	29	30	,		Yes No
	9. Name and Address of Curre		1991		10. Name and Address of New Registered	Agent
CA	LDERON, STEVE		_ \e	Name		
7850 N.W. 64TH ST.				32 Street Add	dress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33166				3		
ļ			•	33		
1			8	34 City	EI	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-namoffice or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						of changing its registered
office or r	registered agent, or both, in the State om familiar with, and accept the oblic	e of Florida, Such change was pations of, Section 607,0505, F	authorized Iorida Statu	by the corporates.	ation's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE		,				
	Signature, typed or printed name of registered ag			Agent signature requ	ulred when reinstalling) DATE ADDITIONS/CHANGES TO OFFICERS AN	C DIDECTORS N. 40
12.	OFFICERS AND DIRECTORS SVD DELETE		13.		ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	CALDERON, STEVE		1,2 NAM			
STREET ADDRESS	7850 N.W. 64TH ST.			EET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33166		1.4 CITY	-ST-21P		
TITLE	PTD	☐ DELETE	21 TITU	E i	•	Change Addition
NAME	DE ROJAS, ALBERTO		2.2 NAM	1		
STREET ADDRESS	7850 N.W. 64TH ST.			ET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33166	DELETE	2, 4 CIT 3,1 TITL	Y-ST-ZIP		☐ Change ☐ Addition
NAME			3.2 NAM	ſ		
STREET ADDRESS			3.3 STRE	EET ADDRESS		ļ
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP		
TITLE		DELETE	4.1 TITL	E	• 1	Change Addition
NAME			4. 2 NAM	1		ļ
STREET ADDRESS				EET ADDRESS		
CITY-SI-ZIP		DELETE		-ST-ZIP		Change Addition
TITLE NAME		[_] DCCC+;	5.1 TITL 5.2 NAM	- 1		- one-go - Adecidit
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE	<u> </u>	DELETE	6.1 TITL			Change Addition
NAME			6.2 NAM	ie		
STREET AODRESS			6.3 STRE	EET ADDRESS		(
CITY-ST-ZIP	portify that the information are con-	with this filing does not as a ""		-ST-ZIP	n Section 119.07(3)(i). Florida Statutes. I further o	artifu that the information
I I I I I I I I I I I I I I I I I I I					n occion i 13.0/13.111. Florida dialutes. I fullite d	

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 informatio 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 or anettachment with an address.

SIGNATURE:

MIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-98 305-594-1903