FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

APPROVED
FILED
96 SEP -3 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000022225 (4)

1. Corporation Name

TOTAL LEASING CORPORATION

Principal Place of Business
7500 N.W. 25TH ST.
MIAMI, FL 33122

Mailing Address
7500 N.W. 25TH ST.
MIAMI, FL 33122

3. Date Incorporated or Qualified: 03/22/1994

3a. Date of Last Report:

4. FEI Number: 65-0948058 — Applied For / Not Applicable

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

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

LEHMAN, RICHARD S.
2600 N. MILITARY TR.
SUITE #270
BOCA RATON, FL 33431

10. Name and Address of New Registered Agent

81 Name: PIER LUDOVICO PAVONI

82 Street Address (P.O. Box Number is Not Acceptable): 631 JEFFERSON AVENUE

83

84 City: MIAMI BEACH, FL — 85 Zip Code: 33139

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 of a member of the Board of Directors or Agent — NAME: Registered Agent's name (typed or printed) after resignation — DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	RICARDO DUNIN	
STREET ADDRESS	750 S. BAYSHORE DR	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE	SECRETARY	☐ DELETE
NAME	RAY BLANCO	
STREET ADDRESS	7275 POINCIANA CT.	
CITY-ST-ZIP	MIAMI, FL 33019	
TITLE	VICE PRESIDENT	☐ DELETE
NAME	PIER PAVONI	
STREET ADDRESS	592 SE 15 AVE	
CITY-ST-ZIP	DEERFIELD BEACH, FL33441	
TITLE	VICE PRESIDENT	☐ DELETE
NAME	ROBERTO DUNIN	
STREET ADDRESS	240 CAPE FLORIDA DR.	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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)(x), 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: _____ Pier Pavoni 9/26/96 (305)471 6163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #