FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P94000025101 (4)

D & H LEASING CORP. OF SOUTH FLORIDA

Principal Place	of Business	Mailing Address							
Principal Place of Business Mailing Address 11760 S.W. 72ND AVE. MIAMI FL 33156 Milami FL 33156 Mailing Address 11760 S.W. 72ND AVE. MIAMI FL 33156									
						3. Date Incorporated or Qualified 3a. Date of Last Report 03/30/1994 04/25/1995			
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number			Applied For	
21		26			65-0478328			Not Applicable	
Suite, Apt. # 22	t, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	≰ _		5 Additional Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be			<u>`</u>	
23		28				Trust Fund Contribution			led to Fees
Zip	Country	Zip	Countr	ry		8. This corporation has liability for i		ax under	s 199.032,
24	25	29	30			Florida Statutes Yes	X No		
	g. Name and Address of Curre	ent Registered Agent	8	4	Name	10. Name and Address of New R	egistered	Agent	
68(K) 11 11 B				1	name				
COHN, ALAN B			82	2	Street Addre	ess (P.O. Box Number is Not Acceptab	lo)		
2021 TYLER ST. HOLLYWOOD FL 33020			8:	3					
HOLLIN	00D FL 33020			⅃.					
			84	4	City		FL	85 2	Zip Code
SIGNATURE	Signature, typicd or printed name of registered age	ont and title it applicable (N ND DIRECTORS	OTE Registered Age	ent	signature required	when reinstating' ADDITIONS/CHANGES TO OFFI	DATE CEDS AND	Dibcot	ODE IN 12
TIFLE	DP	DELETE	1. 1 TITLE	 F		ADDITIONS/CHANGES TO OFFI		Change	
NAME	CORASH, DAVID		1.2 NAME						
STREET ADDRESS	11760 S.W. 72ND AVE.		1.3 STREE	ET A	ADDRESS				
CITY+ST-ZIP	MIAMI FL 33156		14 CITY-	ST	- ZIP				
TIFLE	DVS	☐ DELETE	2 1 TITLE					Change	☐ Addition
NAME	CORASH, HARRY		2 2 NAME						
STREET ADDRESS	11760 S.W. 72ND AVE.		23 STREE						
CITY-ST-ZIP TITLE	MIAMI FL 33156	☐ DELF1E	24 CHY-		- ZIP		······································	Change	☐ Addainn
NAME			3 2 NAME				L	Change	Add tion
STREET ADDRESS			33. \$18E		ANDRESS				
CITY - ST - ZIP			3 4 CITY-						
TITLE		DELETE	4. 1 TITLE		-]	Change	Addition
NAME			4.2 NAME						
STHEET ADDRESS			4.3 STREE	ET A	ADDRESS				
CITY-ST-ZIP			4.4 CITY-		- ZIP				
TITLE		☐ DELETE	5 1 TITLE				(Change	Addition
NAME			5 2 NAME						
STREET ADDRESS			5.3 STREE						
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY- 6 1 TITLE		· ZIF			7 Change	Addition
NAME			6.2 NAME					9"	
STREET ADDRESS			6 3 STREE		ADDRESS				
CITY-ST-ZIP			6.4 CITY-						
14. I do hereby certify that oath; that I appears in	r certify that the information supplied the information indicated on this and am an officer or director of the corp Block 12 or Block 13 if changed, or	d with this filing is voluntarily fun nual report or supplemental and poration or the receiver or truster on an attachment with an add	nished and do nual report is tr se empowered fress.	es rue i to	not qualify for and accurat execute this	or the exemption stated in Section 119. te and that my signature shall have the s report as required by Chapter 607, Fig.	07(3)(k), Flo same legal orida Statut	rida Statu effect as es; and th	utes. I further if made under hat my name

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

Daytime Phone #