FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUN 15 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000090075

1. Corporation Name
AMERICAN MOTORCYCLE LEASING CORP.

Principal Place of Business / Mailing Address
1300 COLLINS AVENUE, SUITE 704
MIAMI BEACH, FL. 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/94
3a. Date of Last Report: 6/12/95 (1st time)
4. FEI Number: 650560235 — Applied For / Not Applicable
5. Certificate of Status Desired: X — $8.75 Additional Fee Required (25)
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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: ROBERT L. ISETT JR.
82 Street Address (P.O. Box Number is Not Acceptable): 10515 SW 113TH PLACE
83
84 City: MIAMI FL 85 Zip Code: 33176

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] ROBERT L. ISETT, JR. 6/14/95
Signature, name & title of registered agent (if applicable) — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	CHIEF EXECUTIVE OFFICER
NAME	ANTHONY L. HAVENS
STREET ADDRESS	1300 COLLINS AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL. 33139
TITLE	PRESIDENT
NAME	KRISTIAN SRB
STREET ADDRESS	1300 COLLINS AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL. 33139
TITLE	CHAIRMAN
NAME	ROBERT L. ISETT, JR.
STREET ADDRESS	1300 COLLINS AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition)

800001519528
-06/21/95--01066--005
****225.00 ****225.00

800001519528
-06/21/95--01066--007
****218.75 ****218.75

6/15/95

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)(k), 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: [signature] ANTHONY L. HAVENS 6/12/95 (212) 685-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #