

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000027754 (7)**

1. Corporation Name

HURRICANE LEASING CORP.



Principal Place of Business

**2600 DOUGLAS ROAD
911 DOUGLAS CENTRE
CORAL GABLES FL 33134**

Mailing Address

**2600 DOUGLAS ROAD
911 DOUGLAS CENTRE
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified

04/04/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUSTIG, ROY R

**2600 DOUGLAS ROAD
911 DOUGLAS CENTRE
CORAL GABLES FL 33134**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip 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 of Registered Agent or other authorized officer or director

Signature of Registered Agent or other authorized officer or director

DATE

12. OFFICERS AND DIRECTORS

TITLE

PSTD

☐ DELETE

NAME

LUSTIG, ROY R

STREET ADDRESS

**2600 DOUGLAS ROAD, 911 DOUGLAS ROAD
CORAL GABLES FL 33134**

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

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NAME

STREET ADDRESS

CITY- ST- ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY- ST- ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY- ST- ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY- ST- ZIP

17. TITLE

18. NAME

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25. TITLE

26. NAME

27. STREET ADDRESS

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29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY- ST- ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY- ST- ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

☐ Change

☐ Addition

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☐ Addition

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**VICE PRESIDENT
Harold M. MALIN
5986 PINECREST DR
MIAMI, FL**

**3000018195.3
-05/14/96--01009--035
***200.00**

**5-1-96
2PM**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

(Only for P.O. Box)

CR2E034 (12/95)