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

DOCUMENT # **P95000049495 (1)**

1. Corporation Name

NATIONAL LEASE ADVISORS, INC.

Principal Place of Business	Mailing Address
801 BRICKELL AVE. SUITE 900 MIAMI FL 33131	~~801 BRICKELL AVE. SUITE 900~~ ~~MIAMI FL 33131~~ 9370 Sunset Drive, A210 Miami, FL 33173

2. Principal Place of Business	2a. Mailing Address
21 9370 Sunset Drive	26 ← same
Suite, Apt. #, etc. 22 A 210	Suite, Apt. #, etc. 27
City & State 23 Miami FL	City & State 28
Zip 24 33173 Country 25 Dade	Zip 29 Country 30

3. Date Incorporated or Qualified: 06/22/1995
3a. Date of Last Report: initial report
4. FEI Number: 65-0603460 ☐ Applied For ☐ Not Applicable
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

BLOOM, KENNETH M ESQ
~~801~~ 800 BRICKELL AVE, SUITE ~~900~~ 1100
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 ______ DATE ______

12. OFFICERS AND DIRECTORS / **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12.			13.		
TITLE	D	☐ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	ROSTOM, ELAINE I		1.2 NAME	Roston, Elaine I	
STREET ADDRESS	801 BRICKELL AVE, SUITE 900		1.3 STREET ADDRESS	9370 Sunset Drive, A210	
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP	Miami, FL 33173	
TITLE	D	☐ DELETE	2.1 TITLE	Secretary	☐ Change ☐ Addition
NAME	ROSTON, GILBERT C		2.2 NAME	←	
STREET ADDRESS	5159 SW 71ST PLACE		2.3 STREET ADDRESS	←	
CITY-ST-ZIP	MIAMI FL 33155		2.4 CITY-ST-ZIP	←	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Elaine Roston — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-96 (Date) 305 279 6990 (Daytime Phone #)