## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 





FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P95000070217 (1)

AMERICAN CARRIER & LEASING CORP.

## FILED May 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					)( mbs(# 1004) (121( 126) 126)	
7805 SW 73 PL 7805 SW 73 PL MIAMI FL 33143 MIAMI FL 33143						
MIMMI FL 33	1143	MIAMI FL 33143			DO NOT WRITE IN THIS	SPACE I
					3. Date Incorporated or Qualified	
	_				09/05/1995	
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
	NW 110 AYE				65 <b>-06</b> 06015	Not Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
27			<u></u>		or power of a state of the stat	Fee Required
-	a la de la		=/		6. Election Campaign Financing	<b>\$5.00</b> May Be
23 ////// Zip			Coun	tr.	Trust Fund Contribution	Added to Fees
24 33/7		1 22.45		m naa	8. This corporation owes or has paid the cur Personal Property Tax due June 30.	rent year Intangible  Yes No
	9. Name and Address of Current		30 /////	m cruc	10. Name and Address of New Registered	
G/	ARCIA, GERARDO L			1 Name		- Barr
7805 <b>SW</b> 73 PL				Otrock A	dropp (D.O. Day Mysthau in Not A	
MIAMI FL 33143			•	Street Add	dress (P.O. Box Number is Not Acceptable)	
			8	13		
			E	4 City		85 Zip Code
					FL	. !   '
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						
12.	Signature, typed or printed name of registered agen OFFICERS AND		Registered /	Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND	DIDECTORD IN 10
TITLE	PD	DELETE 1.1 TO		: "]	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	GARCIA, GERARDO L	<del></del>	1.2 NAM	1		El overige El visotion
STREET ADDRESS	7805 SW 73 PL			ET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143			-ST-ZIP		
TITLE		DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME			22 NAM	E		
STREET-ADDRESS			23 STRE	ET ADDRESS		
CITY-ST-ZIP			2 4 0(1)	'-ST-ZIP		
TITLE		DELETE	3.1 TITLE		-	Change Addition
NAME			3.2 NAM	E		
STREET ADDRESS			3.3 STRE	E1 ADDRESS		
CITY+ST-ZIP				-S1-ZIP		——————————————————————————————————————
TITLE NAME			4.1 7(71.6			Change Addition
STREET ADDRESS			4. 2 NAM	ET ADDRESS		
CITY-ST-ZIP			- 1			
TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			☐ Change ☐ Addition
NAME		******	5.2 NAME		17.	snangs recontroll
STREET ADORESS			1	ET ADDRESS	SC \$11	
CITY-ST-ZIP			5.4 CITY		000	
TITLE		DELE <b>te</b>	6.1 TITLE		E0000250978	Addition
NAME			6.2 NAMI	E	60000250976 -05/04/980108800 ***150.00	
STREET ADDRESS			6.3 STRE	ET ADDRESS	***150.00	•
CITY-ST-ZIP	: 	$\perp$ $\angle$	6.4 CITY	-ST-ZIP		
14. hereby o	ertify that the information supplied with	this tiling does not qualify for	the even	ntion stated in	Section 119 07(2)(i) Florida Statutos I furbor con	tife that the information

Indicated on this annual report or supplied with this hing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio indicated on this annual report or supplemental argueal report is fruc 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.