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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000070605 (7)

MIAMI EQUIPMENT LEASING CORP.

Principal Place of Business Mailing Address 9371 S.W. 32ND STREET 9371 S.W. 32ND STREET MIAMI FL 33165 MIAMI FL 33165 3. Date Incorporated or Qualified 3a. Date of Last Report 09/13/1995 Applied For 2a. Mailing Address 2. Principal Place of Business 65-06 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Zip Ζφ Country Yes □ No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) DEL TORO, ADA 82 9371 S.W. 32ND STREET 83 **MIAMI FL 33165** 85 Zip Code 84 City 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 603.0505, Florida Statutes. SIGNATURE. DATE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13.

12. Addition DELETE ☐ Change 1 1 TITLE TITLE 1.2 NAME DEL TORO, ADA NAME 9371 S.W. 32ND ST. 13 STREET ADDRESS STREET ADDRESS 14 CITY-ST-ZIP **MIAMI FL 33165** CITY-S1-ZIF Change Addition DELETE 2.1 TITLE TITLE KAM? 2.3 STREET ADDRESS STREET ADDRESS 2.4 CiTY - ST - ZiP CITY-ST-ZIP Addition [] Change DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY - ST - 7IP ☐ Addition ☐ Change DELETE 4. 1 TITLE TITLE 42 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST- ZIP Change ☐ Addition DELETE 5 1 TITLE TILLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CHY-ST-ZIP City-St-7IP Change Addition DELETE 6 1 TITLE TILLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 example an attachment with an address.

SIGNATURE: _

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 Dojume Protect

CR2E034 (12/95)