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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P95000082039 (5)

DOLPHIN LEASING CO., INC.

FILED May 01 1996 8:00 am Secretary of State



Principal Place	of Business	Mailing Address	Mailing Address			A 1981/1981 LIB 19/8/ GINI BRAIX GDILL BOTA DETO LEVIA DIVI BAIRD NAME IETA TORK				
12681 S.W. Miami Fl. 33		12681 S.W. 191ST \$1 Miami Fl 33177	т.							
						Date Incorporated or Qualified 10/25/1995	3a. Date	of Las	t Report	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	A	ŀ	Applied For	
21		26							Not Applicable	
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	П		75 Additional	
22		27							e Required	
City & State		City & State				Election Campaign Financing Trust Fund Contribution			.00 May Be	
23	Country		tip Country				Added to Fees rintangible tax under s 199.032,			
Zip 24	25]			iti y		Florida Statutes Yes No				
24	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
				81 N	Vame				ALL	
MALLO	N, JAIME			82 5	Stroot Addre	ess (P.O. Box Number is Not Acceptabl	0)			
	S.W. 191ST ST.			02	otreet Addre	355 (F.O. DOX MORIDOF IS THE CHOODING	O _I			
	FL 33177			83						
ITIN UTIL I	2 00 177		}	84 (Nik.i			85	Zip Code	
				•	Dity		FL	63	2.ip 0.000	
or register	o the provisions of Sections 607.050 ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	rida. Such change was auth oriz	ted by the c	ve-nan orpora	neo corpora ition's board	ation submits this statement for the purp d of directors. I hereby accept the appo	intment as r	egiste	red agent. I am	
SIGNATURE _	Signature, typed or printed name of registered agor	ni and tile ir applicable (NC	01 (: Registered :	Agent s	matura required	when reinstating)	DATE			
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	·			
TITLE	-		1. 1 TI	TLE		Change		ge 🔲 Addition		
NAME	MALLON, JAIME		1.2 NAME							
STREET ADDRESS	12681 S.W. 191ST ST.		1.3 ST	1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33177		1.4 CIT'		JE,	Change		for the second		
TITLE	SD DELETE			2. 1 TITLE			L	j Unani	ge 🔲 Addition	
NAME	MALLON, JAIME		2.2 NAME							
STREET ADDRESS	12681 S.W. 191ST ST.		2.3 STREET ADDRESS		DRESS					
CHTY+ST+ZIP	MIAMI FL 33177	77		2.4 CITY-ST-ZIP				Chan	a El Addition	
TITLE				3. 1 TOLE			t] Chan	ge Addition	
NAME		λ,	3.2 NA		- DDF-00					
STREET ADDRESS		/S.		TREET AU						
City-St-ZiP			3.4 CIT 4, 1 TI	1Y - S1 - Z	(IF)		Γ	1 Chan	ge 🗀 Addition	
TITLE		[] occar.	4. FII				L	, 0,	2. [] i iooou	
NAME CINCIL ADDRESS				uve REET AD	DRESS					
STREET ADDRESS					ļ.					
CITY-ST-ZIP TITLE		DELETE		4.4 CITY - ST - ZIP 5. 1 TITLE			<u></u>] Chan	ge 🔲 Addition	
NAME		المبيا	5.2 NA							
STREET ADDRESS				REET AD	DRESS					
DITY-ST-ZIP				TY-S1-2						
TITLE		[] DELETE	6. 1 TI		····] Chan	ge 🔲 Addition	
NAME			6.2 NA							
STREET ADDRESS				REET AD	DRESS					
CITY-ST-ZIP				TY - ST - Z						
U111-31-21	l			11 01-2	2 lee -e	the constant state of the Continue of the	07/000 Flan	ide Di	stuton Lifurthor	

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 eath; that I am an officer or director of the corporation of 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 changing, or on an attachment with an address.

SIGNATURE: _

SIGNATURE AND TYPED OF PRINTET