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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000062161 (0)

DEBT EQUITIES LEASING, TRADING, & ARBITRAGE, INC

FILED Jan 16 1998 8:00am Secretary of State



Since April -, etc. Solicy	Principal Place of Business Mailing Address									
DO NOT WRITE IN THIS SPACE	5787 WATERFORD 5787 WATERFORD			ORD						
Principal Place of Business			BOCA RATON				DO NOT WRITE IN THIS SPACE			
Suries, April #, etc. Suries, April #, etc.										
City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & Sta	2. Principal Place	ce of Business	<u></u>	dress				 	· · · · · · · · · · · · · · · · · · ·	
City & State City & Country City		etc.	-	#, etc.			5. Certificate of Status Desired			
Zip Country Zip Country Zip Country As This corporation owes or has pailed the current year triangible Personal Property Tax due Jum 20		-								
Section Property Tax due June 20. Yes No. No. No. Yes No. Yes No. Yes No. Yes No. Yes No. Yes Ye	23			·	Country	,				
GLASS, DALE STARY WATERFORD BOCA RATON FL 33496 11. Pursuant to the provisions of Sections 607,0502 and 602,1508. Florida Statutes, the above-harmed corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Socion 607,0502 and 602,1508. Florida Statutes, the above-harmed corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Socion 607,0505 Forida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. TITLE 15. STRET ADDRESS 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. TITLE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10. TITLE 10. DELETE 11. TITLE 10. Change 11. Addition 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 22. SIRET ADDRESS 23. SIRET ADDRESS 24. CITY. ST. 2P 10. DELETE 11. TITLE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 23. SIRET ADDRESS 24. CITY. ST. 2P 10. Change 14. TITLE 15. TITLE 16. Change 17. Change 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 22. SIRET ADDRESS 24. CITY. ST. 2P 17. Change 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 22. SIRET ADDRESS 24. CITY. ST. 2P 17. Change 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 25. TITLE 27. TIT	 -	⊢	⊢ ¬ '	20		'				
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\$787 WATERFORD BOCA RATON FL 33496 28 Street Address (P.O. Box Number is Not Acceptable) 58 58 58 58 58 58 58 5	GI A		on regions right		81	Name				
BOCA RATON FL 33496 F										
B3				82 Street Ad			Address (P.O. Box Number is Not Acceptable)			
The 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 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, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE 12					83					
11. Paraumit to The provisions of Sactions 607,0502 and 607,1508. Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutos. SIGNATURE					84	City		El 85 Zip	Code	
SIGNATURE Type or printed name of registered agent and stilled all applicables NOTE Pequitered Agent algorithmic required when revokating) OATE	office or rec	gistered agent, or both, in the Sta	ite of Florida. Such ch	ange was auth	orized by	/ the corp	corporation submits this statement for the nume	see of changing i	its registered s registered	
12.	SIGNATURE						required when rainstating) 0	ATF	·	
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CITY-SI-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Statutes are considered to on an attachment with an address.