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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600062161

DEBT EQUITIES LEASING, TRADING, & ARBITRAGE, INC

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Principal Plac	ce of Business	Mailir	ng Address				┤ '''''	(881 11 <b>0</b> 1614 6111)		8 8 1 7 W   1 F   1 F   1 F   1 F   1	
5787 WATERFO	ORD	5787	WATERFORD								
BOCA RATON	FL 33496	BOCA	RATON FL 33496								
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. ,							3. Date Inco 07/23/1	rporated or Qua	alifed		
2. Principal F	Place of Business	2a. M	lailing Address				4. FEI Numb	er			Applied For
21		26					65-068	7045	. ,		Not Applicable
Suite, Apt.	. #, etc.	Sı	uite, Apt. #, etc.				E Cortifonto	of Status Desir	 ed	\$8.7	5 Additional
22		27					J. Certificate	Of Status Desir	<del></del>	Fee	Required
City & Stat	te	c	city & State	•			6, Election C	ampaign Finan	cing	\$5.6	00 May Be
23	<u> </u>	28	······································				Trust Fun	d Contribution		Add	ed to Fees
Zip.	Country	L, Zi	ip	Coun	itry		8. This corpo	oration owes the	current yea		_
24	25	29	<u> </u>	30			<del></del>	Property Tax.	_	Yes	□No
	9. Name and Address of Curr	ent Register	red Agent		<u> </u>		10. Name an	d Address of I	lew Registe	red Agent	
GIA	ASS, DALE	de de		- 1'	81 Na	ame					
	7 WATERFORD	1 - 1 - 1	the Control of the	ļ.	82 St	reet Addre	ess (P.O. Box No	umber is Not Ad	ceptable)		
	CA RATON FL 33496			L				*	<u> </u>	<u> </u>	111 111 111 111 111
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office or r	t to the provisions of Sections 607.05 registered agent, or both, in the Stat	e of Florida.	Such change was	authorized !	by the	med corpo corporation	oration submits ti n's board of dire	nis statement fo ctors. I hereby	r the purpose accept the at	e of changing opointment as	its registered s registered
agent La	am familiar with, and accept the oblig	ations of Se	ection 607 0505 Fl	orida Statut				<b>-</b>			
agentia	ann nanninan 111(11) anna aarapt 1110 aana	,,,	0000, 11	Olida Statul	tes.						
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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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Jan 22, 1999 8:00am

Secretary of State 01-22-1999 90070 003 \*\*\*150.00