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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000015615 (2)

F.F. EQUIPMENT LEASING, INC.

## **FILED** Feb 03 1998 8:00am Secretary of State



| Principal Place of Business                    |                                       |                        | Mailing Address        |                        |                    |                           |   |
|--|---------------------------------------|------------------------|------------------------|------------------------|--------------------|---------------------------|---|
| 2189 WEST 60TH ST.                             |                                       |                        | 2189 WEST 60TH ST.     |                        |                    |                           |   |
| SUITE #205                                     |                                       |                        | SUITE #205             |                        |                    |                           | DO NOT WRITE IN THE CRACE   |
| HIALEAH FL 33016                               |                                       | H                      | HIALEAH FL 33016       |                        |                    |                           | DO NOT WRITE IN THIS SPACE  |
| -  |                                       |                        |                        |                        |                    |                           | 3. Date Incorporated or Qualified   |
| 2. Principal Place of Bu                       | cinace                                | 29                     | Mailing Address        |                        |                    |                           | 02/18/1997 4. FEI Number   Applied For  |
| <u> </u>                                       |                                       |                        | <u> </u>               |                        |                    |                           | 1 2 m 4-72  |
| 21 Suite, Apt. #, etc.                         |                                       |                        | Suite, Apt. #, etc.    |                        |                    |                           | 0.75  |
| <u> </u>                                       |                                       | -                      | 27                     |                        |                    |                           | 5. Certificate of Status Desired \$8.75 Additional Fee Required   |
| City & State                                   |                                       |                        | City & State           |                        |                    |                           | 7   |
| 23   |                                       |                        | 28                     |                        |                    |                           | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees   |
| Zip  | Country                               |                        | Zip Country            |                        |                    | ,                         |   |
| 24   | 25                                    | 29                     | 30                     |                        |                    |                           | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No  |
|  | ne and Address of Curren              |                        |                        |                        |                    |                           | 10. Name and Address of New Registered Agent  |
|  |                                       |                        |                        | 8                      | 1                  | Name                      | 10. Hallo alla Hadisoo ol Holl Hogistelea Agent   |
| FANO, JOSE E<br>2189 WEST 60TH ST.             |                                       |                        |                        |                        |                    |                           |   |
| SUITE #205                                     |                                       |                        | 82 Street              |                        |                    | Street Add                | dress (P.O. Box Number is Not Acceptable)   |
| HIALEAH FL 33016                               |                                       |                        | 83                     |                        |                    |                           |   |
| HIALEAN FL                                     | . 33016                               |                        |                        | 0                      | 3                  | ì                         |   |
|  |                                       |                        |                        | 8                      | 4                  | City                      | 85 Zip Code   |
|  |                                       |                        |                        |                        | ᆚ                  |                           |   |
| 11. Pursuant to the prov                       | disions of Sections 607,0502          | 2 and 60<br>of Florid: | 7.1508, Florida Statut | tes, the abo           | ive<br>hv          | :-named cor<br>the comor: | progration submits this statement for the purpose of changing its registered attion's board of directors. I hereby accept the appointment as registered |
| agent. I am familiar                           | with, and accept the obliga           | ations of,             | Section 607.0505, FI   | orida Statut           | es.                | i.                        | and to board of directors. Thereby accept the appointment as registered   |
| SIGNATURE                                      |                                       |                        |                        |                        |                    |                           |   |
| Signature, typ                                 | ed or printed name of registered ager |                        |                        |                        | ger                | nt signature requ         | uired when reinstaling) DATE  |
| 12.  | OFFICERS AND                          | DIREC.                 |                        | 13.                    |                    |                           | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |
| TITLE D  | 1000 6                                |                        | L DELETE               | 1.1 TITLE              |                    |                           | ☐ Change ☐ Addition   |
|  | , JOSE E                              |                        |                        | 1.2 NAM                | Ε                  |                           |   |
| STREET ADDRESS 2189 WEST 60TH ST., SUITE # 205 |                                       |                        |                        | 1.3 STRE               | 1.3 STREET ADDRESS |                           |   |
| CITY-ST-ZIP HIALE                              | AH FL 33016                           |                        |                        | 1.4 CJTY               | - ST               | (-ZIP                     |   |
| TITLE  |                                       |                        | DELETE                 | 2.1 TITLE              |                    |                           | ☐ Change ☐ Addition   |
| NAME   |                                       |                        |                        | 2.2 NAM                | Ē                  |                           | j   |
| STREET ADDRESS                                 |                                       |                        |                        | 2.3 STRE               | et /               | ADDRESS                   |   |
| CITY-ST-ZIP                                    |                                       |                        |                        | 2. 4 CITY              | -S1                | IT-ZIP                    |   |
| TITLE  |                                       |                        | ☐ DELETE               | 3.1 TIYLE              |                    |                           | ☐ Change ☐ Addition   |
| NAME   |                                       |                        |                        | 3.2 NAME               | E                  |                           |   |
| STREET ADDRESS                                 |                                       |                        |                        | 3.3 STRE               | -<br>FT 4          | ADDRESS                   |   |
| City-St-Zip                                    |                                       |                        |                        | 3.4. CITY              |                    |                           |   |
| TITLE  |                                       |                        | DELETE                 | 4.1 TETLE              |                    | 11                        | ☐ Change ☐ Addition   |
| NAME   |                                       |                        | <u> </u>               | 4, 2 NAM               |                    |                           |   |
| STREET ADDRESS                                 |                                       |                        |                        |                        |                    | ADDRESS                   |   |
|  |                                       |                        |                        |                        |                    | 1                         |   |
| CITY - ST - ZIP TITLE                          |                                       |                        | DELETE                 | 4.4 CITY-<br>5.1 TITLE |                    | -ZIP                      | Change Addition   |
|  |                                       |                        |                        |                        |                    |                           | Grange Addition   |
| NAME<br>CTREET ADDRESS                         |                                       |                        |                        | 5.2 NAME               |                    |                           |   |
| STREET ADDRESS                                 |                                       |                        |                        | 5.3 STREE              |                    |                           |   |
| CITY-ST-ZIP                                    |                                       |                        | [T] acvere             | 5.4 CITY-              |                    | - ZIP                     | Tion Tions  |
| TITLE  |                                       |                        | ☐ DELETE               | 6.1 TITLE              |                    |                           | Change Addition   |
| NAME   | _                                     |                        |                        | 6.2 NAME               |                    | 1                         |   |
| STREET ADDRESS                                 | . 1                                   |                        |                        | 6.3 STREE              | T A                | ADDRESS                   |   |
| CITY-ST-ZIP                                    |                                       |                        |                        | 6.4 CITY-              |                    |                           |   |
| <ol><li>14. I hereby certify that t</li></ol>  | the information subjetted wit         | th this fili           | ng does not qualify fo | or the exem            | pti                | ion stated in             | n Section 119.07(3)(i), Florida Statutes, I further certify that the information  |

indicated on this annual report or supplies with this limit does not quality for the exemption stated in Section 19.07(3)(i), florted statutes. I further certify that the information indicated on this annual report or supplier 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 exactment with an address.

SIGNATURE: V

1-16-98 (205) 556-4282