


**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90029 004 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000043584**

1. Corporation Name

**ARIES EQUIPMENT LEASING, INC.**

Principal Place of Business

1501 NW 97TH AVE  
MIAMI FL 33172

Mailing Address

1501 NW 97TH AVE  
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1998

4. FEI Number

65-0835494

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City &amp; State

27

Zip

Country

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9. Name and Address of Current Registered Agent

PEREZ, DELSY  
1501 NW 97TH AVE  
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETENAME PEREZ, DELSY  
STREET ADDRESS 1501 NW 97TH AVE  
CITY-ST-ZIP MIAMI FL 33172TITLE VTO ☐ DELETENAME PEREZ, DELSE  
STREET ADDRESS 1501 NW 97TH AVE  
CITY-ST-ZIP MIAMI FL 33172TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**REQUIRED**

4-10-99

306.594.4267

Date

Daytime Phone #

CR2E034 (1/1/98)