PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000043584

ARIES EQUIPMENT LEASING, INC.

Principal Place of Business

Mailing Address

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

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

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1501 NW 97TH MIAMI FL 3317		MIAMI FL 33172		DO NOT WRITE IN THIS SPACE	
					$\neg$
				3. Date Incorporated or Qualifed	
- <u></u>				05/14/1998	<u> </u>
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number Applied Fo	_
21		26		65-0835494 Not Applica	_
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	H H
22	•	27		5. Certificate of Status Desired L. Fee Required	
City & Stat	le .	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	1
24	25	29	30	Personal Property Tax.	
	g, Name and Address of Cu			10. Name and Address of New Registered Agent	
		<u> </u>	81 Name		
PER	ez. Delsy		<u> </u>		-
	NW 97TH AVE		82 Street Add	dress (P.O. Box Number is Not Acceptable)	ļ
	MI FL 33172		83		
meA:	HI I L WIIE		30		
			84 City	85 Zip Code	$\neg$
	•			FL   o	_
11. Pursuant office or ragent. I a	to the provisions of Sections 607 registered agent, or both, in the Sam familiar with, and accept the o	.0502 and 607.1508, Florida Statut State of Florida. Such change was a bligations of, Section 607.0505, Flori Butter of Section 607.0505, Flori	es, the above-named con uthorized by the corporati rida Statutes.	poration submits this statement for the purpose of changing its register tion's board of directors. I hereby accept the appointment as registered	
SIGNATURE		wort.	Registered Agent signature requi	red when newstatond DATE	í
	Signature, typed or printed name of registers			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	<del>,  </del>
12.		S AND DIRECTORS DELETE	13.	Change Add	dition
TILE	PSD .	- Dereie			- 1
NAME	PEREZ, DELSY		12 NAME		1
STREET ADDRESS	1501 NW 97TH AVE		1.3 STREET ADORESS		J
CITY-ST-ZIP	MIAMI FL 33172		1.4 CITY-ST-ZIP		
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NAME	PEREZ, DELSE		2.2 NAME		İ
STREET ADDRESS			2.3 STREET ADDRESS		- 1
	MIAM! FL 33172		2.4 CITY-ST-ZIP		
CITY-ST-ZIP	MINUTE SOILE	☐ DELETE	3.1 TILE	☐ Change ☐ Adv	dition
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NAME	1				
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NAME	1		4,2 NAME		
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CITY-ST-ZIP	[		4.4 CITY-ST-ZIP		
		☐ DELETE	5.1 TITLE	☐ Change ☐ Add	noth
TITLE			5.2 NAME		- 1
TITLE					
NAME			5.3 STREET ADDRESS		- }
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NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Adi	dition

indicated on any ampliar report or supplemental ampliar report is use and accurate and use my signature shall have the same logic effect as a made white countries 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 appress, with all other like empowered.

4-10-99

301.594.4267