

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

|                                                           |                                                                                   |                                                                                                          |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1995</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br>Sandra B. Morton<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

**DOCUMENT # S29451 (9)**

1. Corporation Name  
**FAST LEASING CORPORATION**

|                                                                                         |                                                                             |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Principal Place of Business<br><b>3934 NW 24TH STREET</b><br><b>MIAMI FL 33142-6714</b> | Mailing Address<br><b>3934 NW 24TH STREET</b><br><b>MIAMI FL 33142-6714</b> |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|

|                                                                                               |                                                                                    |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                                |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>02/04/1991</b>                                                                                                         | 3a. Date of Last Report<br><b>03/23/1994</b>           |
| 4. FEI Number<br><b>65-0240178</b>                                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required                                                                    |                                                        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                                 |                                                        |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                        |

9. Name and Address of Current Registered Agent

**GARRIDO, GUSTAVO**  
**6055 SW 29 ST.**  
**MIAMI FL 33155 -4063**

10. Name and Address of New Registered Agent

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | <b>FL</b>   |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering)

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|---------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | D                   | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FERNANDEZ, BRAULIO  | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 3934 NW 24TH STREET | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | MIAMI FL            | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | D                   | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GARRIDO, GUSTAVO    | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 6055 SW 29TH STREET | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | MIAMI FL            | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | D                   | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FERNANDEZ, CLARA    | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 3934 NW 24TH STREET | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | MIAMI FL            | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | D                   | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GARRIDO, MIRIAM     | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 6055 SW 29 ST       | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | MIAMI FL            | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                     | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                     | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                     | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                     | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                     | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                     | 6.4 CITY-ST-ZIP                                       |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: Gustavo Garrido 1/4/95 305-871-3040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR