. 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

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90003 008 ***150.00

DOCUI	MENT # S6687 9)					
r, corporation	UTOMOBILE LEASING COI						
INADIA A	OTOMOBILE LEASING CO	nr.			 	I BIBIL BİBIL BIBIL BIB	ALT BARTH (88)
							MININ
Principal Place	of Business	Mailing Address			- 4 IMBILIDID IND DITLID DITLID TRUST CODID IDITE STRE	I BIBII BIBII BIBII BIB	YII AKAKI LOBI
1001 BRICKELL BAY DR. 1001 BRICKELL BAY DR.							
STE. #2702		STE. #2702		<u> </u>	:		
MIAMI FL 33131-4940		MIAMI FL 33131-4940		DO NOT WRITE IN TH	S SPACE		
US		US			3. Date Incorporated or Qualifed		
		a Matting Address	_		07/17/1991 4. FEI Number	Ann	lied For
	ace of Business	2a. Mailing Address			65-0419000	<u> </u>	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	_			\$8.75 Ad	
22		⊢	27		5. Certificate of Status Desired	Fee Req	
City & State	e	City & State			6. Election Campaign Financing	\$5.00 N	May Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Count	у	8. This corporation owes the current year I		_
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent		.1	10. Name and Address of New Registere	d Agent	
14/41/	NE OFOFFDEV M D A		8	1 Name	•		
WAYNE, GEOFFREY M P.A.			8	2 Street Add	fress (P.O. Box Number is Not Acceptable)	•	
1001 BRICKELL BAY DR.			_				
STE. #2702			8	3			
MIAMI FL 33131			8	4 City	F	85 Zip Co	ode
					•	_	agistared
office or r	egistered agent or both in the State	of Florida, Such change was	autnorized b	v tne corborat	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	ointment as regi	istered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, F	Florida Statute	es.	٠,	. 7	ļ
SIGNATURE	Signature, typed or printed name of registered age	ant and title if amplicable (NC	TE: Registered Ad	ent signature requi	red when reinstating) DATE		\
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	PVS DELETE		1,1 TITLE			Change	Addition
NAME	LAVERDURE, ROBERT		1.2 NAME	<u>:</u>			
STREET ADDRESS	AND DOLL MINISTRAL DURENT AND		1.3 STRE	ETADDRESS			
CITY-ST-ZIP	LAVAL QUEBEC CANADA H7L		1.4 CITY-	ST-ZIP			
TITLE	D DELETE		2.1 TITLE			☐ Change	☐ Addition
NAME	LAVERDURE, ROBERT		2.2 NAME				
STREET ADDRESS 4025, BOUL. INDUSTRIAL, BUREAU 202		2.3 STRE	ET ADDRESS		<u>. </u>		
CITY-ST-ZIP	LAVAL QUEBEC CANADA H7L		2. 4 CITY	-ST-ZIP			
TITLE	DELETE		3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME	1			
STREET ADDRESS			3.3 STRE	ETADDRESS			
CITY-ST-ZIP			3.4. CITY			Change	Addition
TITLE		☐ DELETE	4.1 TITLE			☐ Change	
NAME			4. 2 NAM				
STREET ADDRESS			•	ET ADDRESS			ļ
CITY-ST-ZIP		☐ DELETE	4.4 CITY 5.1 TITLE		,	Change	Addition
TITLE		C) DELETE	5.1 HILE 5.2 NAME			- Junia	
NAME				ET ADDRESS			
STREET ADDRESS			5.4 CITY-				,
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			☐ Change	Addition
TITLE NAME		522212	6.2 NAMI			v	_
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY-ST-ZIP			6.4 CITY				!

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.

SIGNATURE: