FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 4:21
FLORIDA

100001485721
-05/12/95--01050--019
****200.00 ****200.00

DOCUMENT # S80461

1. Corporation Name

Florida Equipment Leasing, Inc.

Principal Place of Business	Mailing Address
10887 N.W. 17th St. Ste 170 Miami, FL 33172	10887 N.W. 17th St. Ste 170 Miami, FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 10887 N.W. 17th Street
Suite, Apt. #, etc. 22
City & State 23 Miami, Florida
Zip 24 33172 Country 25

2a. Mailing Address
26 9737 N.W. 41 Street
Suite, Apt. #, etc. 27 Suite 170
City & State 28 Miami, Florida
Zip 29 33178 Country 30

4. FEI Number: 65-0285310 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Zarco & Associates
100 S.E. 2nd St., 27th Floor
Miami, FL 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	11 TITLE	S	☒ Change ☐ Addition
NAME	Gomez, Gerardo	12 NAME		
STREET ADDRESS	10887 N.W. 17th Street	13 STREET ADDRESS	9737 N.W. 41 Street, Suite 170	
CITY ST ZIP	Miami, FL 33172	14 CITY ST ZIP	Miami, FL 33178	
TITLE	AS	21 TITLE	ASD	☒ Change ☐ Addition
NAME	Forman, Terry J.	22 NAME		
STREET ADDRESS	1501 S.W. LeJeune Road	23 STREET ADDRESS		
CITY ST ZIP	Coral Gables, FL 33134	24 CITY ST ZIP		
TITLE		31 TITLE	PD	☐ Change ☒ Addition
NAME		32 NAME	Patterson, Barry	
STREET ADDRESS		33 STREET ADDRESS	9737 N.W. 41 Street, Suite 170	
CITY ST ZIP		34 CITY ST ZIP	Miami, FL 33178	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		5-1-95

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 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 hereinabove or on an attachment with an address.

SIGNATURE: _____ TERRY J. FORMAN 5/1/95 (305) 444-5724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #