

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V17057 (3)
1. Corporation Name
SERVLEASE FLORIDA, INC.



Principal Place of Business
SUITE 527
300 71ST ST.
MIAMI BEACH FL 33141
US

Mailing Address
SUITE 527
300 71ST ST.
MIAMI BEACH FL 33141
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/26/1992

4. FEI Number
65-0328704

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 3925 COLLINS AVE
Suite, Apt. #, etc.
City & State
23 MIAMI BEACH - FL
Zip
24 33140 Country
25 USA

2a. Mailing Address
26 3925 COLLINS AVE
Suite, Apt. #, etc.
City & State
28 MIAMI BEACH - FL
Zip
29 33140 Country
30 USA

9. Name and Address of Current Registered Agent
SHIMOFF, IRVING
200 S. BISCAYNE BLVD
SUITE 1050
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name SKOLA, THOMAS J.
82 Street Address (P.O. Box Number is Not Acceptable)
5201 BLUE LAGOON DRIVE #100
83
84 City MIAMI FL 85 Zip Code 33126

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 *Thomas J Skola* Thomas J Skola 1/19/98
Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PT	BOMENY, CRISTIANE	3925 COLLINS AVE	MIAMI BEACH FL 33140	<input type="checkbox"/>
VP	GRUBER, ANDY	SUITE 527, 300 71ST STREET	MIAMI BEACH FL 33141	<input type="checkbox"/>
S	BOMENY, GILBERTO	3925 COLLINS AVE	MIAMI BEACH FL 33140	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: *Cristiane Bomeny* 1/16/98 (305) 531-9610

CR2E034 (10/97)