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Mar 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # V17454 (2)

1. Corporation Name
KSM LEASING CORPORATION



Principal Place of Business: 12550 BISCAYNE BOULEVARD SUITE 402 NORTH MIAMI FL 33181
Mailing Address: 12550 BISCAYNE BOULEVARD SUITE 402 NORTH MIAMI FL 33181-2537

3. Date Incorporated or Qualified: 02/27/1992
3a. Date of Last Report: 01/30/1996
4. FEI Number: 65-0310454
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 11900 Biscayne Blvd. Suite, Apt. #, etc.: Suite 290 City & State: North Miami, Florida Zip: 33181
2a. Mailing Address: 26 11900 Biscayne Blvd. Suite, Apt. #, etc.: Suite 290 City & State: North Miami, Florida Zip: 33181

9. Name and Address of Current Registered Agent: MARKS, KIM 12550 BISCAYNE BOULEVARD SUITE 402 NORTH MIAMI FL 33181
10. Name and Address of New Registered Agent: 81 Name: MARKS, Kim 82 Street Address (P.O. Box Number is Not Acceptable): 11900 Biscayne Blvd. 83 Suite 290 84 City: North Miami FL 85 Zip Code: 33181

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P MARKS, KIM	1.1 TITLE	P MARKS, Kim
NAME	12550 BISCAYNE BLVD.	1.2 NAME	11900 BISCAYNE BLVD. # 290
STREET ADDRESS	N. MIAMI FL	1.3 STREET ADDRESS	NORTH MIAMI, FLORIDA 33181
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 does not qualify for the presumption 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: _____ DATE: 3/5/97

CR2E034 (9/96)