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FILED

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



2. Principal Place of Business

21 11900 Biscayne Blvd.

Suite, Apt. #, etc.

22 Suite 290

City & State

23 North Miami, Florida

Zip

Country

24 33181

25

2a. Mailing Address

26 11900 Biscayne Blvd.

Suite, Apt. #, etc.

27 Suite 290

City & State

28 North Miami, Florida

Zip

Country

29 33181

30

3. Date Incorporated or Qualified

02/27/1992

3a. Date of Last Report

01/30/1996

4. FEI Number

65-0310454

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

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

Signature required for principal officer or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MARKS, KIM  
STREET ADDRESS 12550 BISCAYNE BLVD.  
CITY-ST-ZIP N. MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME MARKS, Kim  
1.3 STREET ADDRESS 11900 Biscayne Blvd. #290  
1.4 CITY-ST-ZIP North Miami, Florida 33181

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)