

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # G56282 (8)**  
1. Corporation Name  
**ROYAL RENT-A-CAR SYSTEMS OF FLORIDA, INC.**



Principal Place of Business Mailing Address  
**1406 N.W. 42ND AVE MIAMI FL 33126 US**

3. Date Incorporated or Qualified **08/22/1983** 3a. Date of Last Report **04/17/1995**  
4. FEI Number **59-2334873** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**PERERA, ISMAEL, JR.  
1199 NW 42ND AVE.  
MIAMI FL 33126**

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) \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PERERA, ISMAEL 600 BILTMORE WAY #911 CORAL GABLES FL	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERERA, ISMAEL, SR.	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	26 N.W. 24TH CT.	<input type="checkbox"/> DELETE	2.2 NAME
CITY-ST-ZIP	MIAMI FL	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
NAME		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> DELETE	3.2 NAME
CITY-ST-ZIP		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
NAME		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> DELETE	4.2 NAME
CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
NAME		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> DELETE	5.2 NAME
CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
NAME		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> DELETE	6.2 NAME
CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP

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)(k), 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: *Ismael Perera* x **4/22/96** (305) 871-3000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)