

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

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90009 037 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # G56282

1. Corporation Name  
ROYAL RENT-A-CAR SYSTEMS OF FLORIDA, INC.

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

Mailing Address  
1406 N.W. 42ND AVE  
MIAMI FL 33126  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/22/1983

4. FEI Number  
59-2334873

Applied For  
Not Applicable

2. Principal Place of Business  
21  
Suite, Apt. #, etc.

2a. Mailing Address  
26  
Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22  
City & State

27  
City & State

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

23  
Zip Country

28  
Zip Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

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 PERERA, ISMAEL, JR.  
82 Street Address (P.O. Box Number is Not Acceptable) 1406 N.W. 42nd AVE.  
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 \_\_\_\_\_ 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERERA, ISMAEL	1.2 NAME	
STREET ADDRESS	600 BILTMORE WAY #911	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	SV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERERA, ISMAEL, SR.	2.2 NAME	
STREET ADDRESS	26 N.W. 24TH CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 1/4/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Daytime Phone # 307871-3000

CR2E034 (1/1/98)