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Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90033 023 ***158.75

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P96000048812

1. Corporation Name
GENERAL RENT A CAR, INC.



Principal Place of Business

~~16400 COLLINS AVE
 STE. #342
 MIAMI BEACH FL 33160
 US~~

Mailing Address

~~16400 COLLINS AVE
 STE. #342
 MIAMI BEACH FL 33160
 US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **1495 N.W. 42 AVE**

Suite, Apt. #, etc.

22 **MIAMI FLORIDA**

23 **MIAMI BEACH FL.**

24 **33126** 25 **USA**

2a. Mailing Address

26 **P.O. Box 40-2278**

Suite, Apt. #, etc.

27 **MIAMI BEACH FL.**

28 **MIAMI BEACH FL.**

29 **33140** 30 **USA**

3. Date Incorporated or Qualified

06/07/1996

4. FEI Number

65-0670280

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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

~~MIZRAHI, RALPH
 16400 COLLINS AVE.
 STE. #342
 MIAMI BEACH FL 33160~~

10. Name and Address of New Registered Agent

81 Name **MIZRAHI RALPH**
 82 Street Address (P.O. Box Number is Not Acceptable) **7275 POINCIANA COURT**
 83
 84 City **MIAMI LAKES** FL 85 Zip Code **33014**

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 *Ralph Mizrahi* **MIZRAHI**

DATE **4-23-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	MIZRAHI, RALPH S	
STREET ADDRESS	16400 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33160	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MIZRAHI, RALPH	
1.3 STREET ADDRESS	P.O. Box 40-2278	
1.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33140	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Ralph Mizrahi* **RALPH MIZRAHI** **MIZRAHI** **4-23-99** **305-705-0505**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)