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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P97000070722

1. Corporation Name
MX LIMOUSINE SERVICE INC.

[redacted]

Principal Office of Business	Mailing Address
c/o ARTURO X LARGACHA 1825 S.W. 177TH TERRACE MIRAMAR, FL 33319	c/o ARTURO X LARGACHA 1825 S.W 177 TH TERRACE MIRAMAR FL 33319

DO NOT WRITE IN THIS SPACE

2. Principal Office of Business
21 | Suite, Apt. #, etc. 22 | City & State 23 | Zip 24 | County 25

2a. Mailing Address
26 | Suite, Apt. #, etc. 27 | City & State 28 | Zip 29 | County 30

3. Date Incorporated or Qualified
8-14-97

4. FEI Number
65-0773850
☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ARTURO X LARGACHA
1825 S.W. 177 TH TERRACE
MIRAMAR FL 33319

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 607.1506, 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] 4/3/98
(Officer or Director signature if applicable) (Registered Agent signature required when reinstating) DATE

12. OFFICER'S AND/OR DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
0.1 TITLE 0.2 NAME 0.3 STREET ADDRESS 0.4 CITY-ST-ZIP	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
0.1 TITLE 0.2 NAME 0.3 STREET ADDRESS 0.4 CITY-ST-ZIP	DIRECTOR MARTIN DICKSON 1333 N.W 53RD CIRCLE COCONUT CREEK FL 33073 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
0.1 TITLE 0.2 NAME 0.3 STREET ADDRESS 0.4 CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
0.1 TITLE 0.2 NAME 0.3 STREET ADDRESS 0.4 CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
0.1 TITLE 0.2 NAME 0.3 STREET ADDRESS 0.4 CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
0.1 TITLE 0.2 NAME 0.3 STREET ADDRESS 0.4 CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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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.

SIGNATURE: [signature] 3/23/98