

**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 # **S82464** (6)

1. Corporation Name  
**EXCEL RENT A CAR, INC.**



Principal Place of Business  
**3980 NW 24 ST.  
MIAMI FL 33142**

Mailing Address  
**3980 NW 24TH ST.  
MIAMI FL 33142  
US**

21 21 Principal Place of Business  
**3980 NW 24th ST**

22 Suite, Apt. #, etc.  
**MIAMI**

23 City & State  
**FL**

24 Zip  
**33142**

25 Country  
**USA**

26 26a. Mailing Address  
**3980 NW 24th ST**

27 Suite, Apt. #, etc.  
**MIAMI**

28 City & State  
**FL**

29 Zip  
**33142**

30 Country  
**USA**

3. Date Incorporated or Qualified  
**09/24/1991**

3a. Date of Last Report  
**04/04/1995**

4. FEI Number  
**65-0285161**

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**DATRAN CORPORATE AGENTS INC.  
9100 S. DADELAND BLVD.  
ONE DATRAN CENTER - PENTHOUSE ONE  
MIAMI FL 33156**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	QUEE, GARY W. CHIN	
STREET ADDRESS	3980 NW 24TH STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	LUE, DAVID F.	
STREET ADDRESS	3980 NW 24TH STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	LEE, FRANCIS	
STREET ADDRESS	3980 NW 24TH STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	QUEE, GARY W. CHIN	
STREET ADDRESS	3735 NW 25 ST	
CITY-ST-ZIP	MIAMI FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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: *David F. Lue* **DAVID F. LUE**

3/19/96

(305) 871-8735  
Daytime Phone #

CR2E034 (12/95)