

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

AMENDED
 APPROVED AND FILED

1996 SEP 20 PM 9:37

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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PROFIT CORPORATION ANNUAL REPORT 1996
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **582464**
 1. Corporation Name
EXCEL RENT A CAR, INC.

Principal Place of Business Mailing Address
3980 N.W. 24th ST MIAMI - FL 33142 **3980 NW 24th ST MIAMI - FL. 33142**

21	2. Principal Place of Business	21	3980 NW 24th ST	2a.	2a. Mailing Address	26	3980 NW 24th ST
22	Suite, Apt. #, etc.	22	MIAMI	27	Suite, Apt. #, etc.	27	FL
23	City & State	23		28	City & State	28	
24	Zip	24	33142	29	Zip	29	
25	Country	25		30	Country	30	

3.	Date Incorporated or Qualified	9/24/91	3a.	Date of Last Report	3/19/96
4.	FBI Number	65 0285161	Applied For		
			<input checked="" type="checkbox"/> Not Applicable		
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required		
6.	Election Campaign Financing Trust Fund Contribution	<input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees		
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81	Name	MARK E FRIED
82	Street Address (P.O. Box Number is Not Acceptable)	1001 SOUTH BAYSHORE DRIVE SUITE 2706
83	City	MIAMI FLORIDA 33131
84	State	FL
85	Zip Code	2706

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: *David F. Lue* DATE: 9/13/96

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	QUEE, GARY W. CHIN	
STREET ADDRESS	3980 NW 24th ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	LEE, FRANCIS	
STREET ADDRESS	3980 NW 24th ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME	QUEE, GARY W. CHIN	
STREET ADDRESS	3980 NW 24th ST	
CITY-ST-ZIP	MIAMI FL 33142	
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 checked="" type="checkbox"/> Addition
1.2 NAME	WILLIAMS, WELLINGTON	
1.3 STREET ADDRESS	3980 NW 24th ST	
1.4 CITY-ST-ZIP	MIAMI - FL 33142	
2.1 TITLE	P/T S/DE/M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LUE, DAVID F	
2.3 STREET ADDRESS	3980 NW 24th ST	
2.4 CITY-ST-ZIP	MIAMI FL 33142	
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 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 617, 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 DATE: 9/13/96 305 8718735

CR2E034 (3/96)