

**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.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # **V73782** (7)

1. Corporation Name

**EXPRESS RENT-A-CAR SYSTEMS, INC.**



Principal Place of Business

Mailing Address

**AIRLINER HOTEL LOBBY  
 4150 NW 25TH ST  
 MIAMI FL 33142  
 US**

**15621 SW 143RD AVE  
 MIAMI FL 33177**

3. Date Incorporated or Qualified  
**10/24/1992**

3a. Date of Last Report  
**06/26/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 **13727 S.W. 152<sup>ND</sup> ST.**

22 City & State

Suite, Apt #, etc

27 **SUITE # 226**

23 Zip

Country

28 City & State

**MIAMI, FL**

29 Zip

Country

**33177**

4. FEI Number

**65-0364244**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VALDES, FERNANDO J  
 15621 SW 143RD AVE  
 MIAMI FL 33177**

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's name is required when filing this statement.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **DPST VALDES, FERNANDO J**  
 STREET ADDRESS **15621 SW 143RD AVE**  
 CITY - ST - ZIP **MIAMI FL**

11 TITLE  Change  Addition

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

12 NAME

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

13 STREET ADDRESS

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

14 CITY - ST - ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

21 TITLE  Change  Addition

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

22 NAME

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE  Change  Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE  Change  Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE  Change  Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE  Change  Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information furnished 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 included 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, if 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:

*Fernando J. Valdes* **FERNANDO J. VALDES**

7/29/96 (305) 876-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)