

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000058554 (4)

1. Corporation Name

ADVANCED LIMOUSINE SERVICES, INC.

Principal Place of Business

4334 SOUTHWEST 1 TERRACE
MIAMI FL 33184

Mailing Address

P.O. BOX 30006
MIAMI FL 33130-0006

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1994

3a. Date of Last Report

2. Principal Place of Business

21 2517 NW 38 CT

2a. Mailing Address

26 2517 NW 38 CT

4. FEI Number

65-0509836

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 MIAMI FL

City & State

28 MIAMI FL

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

Zip

Country

24 33142

25 DADE

Zip

Country

29 33142

30 DADE

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name ALBERT A. MENENDEZ

82 Street Address (P.O. Box Number is Not Acceptable)

13384 SW 1 TERR

83

84 City

MIAMI

FL

85 Zip Code

33134

11. Pursuant to the provisions of Sections 607.0307 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 607.1505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when registering)

4/20/95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MENENDZ, ALBERTO A
STREET ADDRESS	13384 SOUTHWEST 1 TERRACE
CITY - ST - ZIP	MIAMI FL 33184
TITLE	D
NAME	MENENDEZ, IBO
STREET ADDRESS	13384 SW 1 TERR
CITY - ST - ZIP	MIAMI FL 33184
TITLE	D
NAME	LILLIAM MENENDEZ
STREET ADDRESS	13384 SW 1 TERR
CITY - ST - ZIP	MIAMI FL 33184
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on an attachment without address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4/20/95 305/871-5857