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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 143078 (4)  
1. Corporation Name  
**RED TOP SEDAN SERVICE INC**

Principal Place of Business Mailing Address  
11077 NW 36TH AVE MIAMI FL 33167 11077 NW 36TH AVE MIAMI FL 33167

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>06/29/1944</b>		3a. Date of Last Report <b>03/08/1994</b>	
4. FEI Number <b>59-0527433</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input 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			

2. Principal Place of Business				2a. Mailing Address			
21	Suite, Apt. #, etc.			26	Suite, Apt. #, etc.		
22	City & State			27	City & State		
23	Zip	Country	25	29	Zip	Country	30

9. Name and Address of Current Registered Agent  
**CICERONE, LOUIS R.  
11077 NW 36TH AVE  
MIAMI FL 33187**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CICERONE, L R	12 NAME	
STREET ADDRESS	11077 NW 36TH AVE	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 00000	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBLANG, DAVID	22 NAME	
STREET ADDRESS	11077 NW 36TH AVE	23 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 00000	24 CITY - ST - ZIP	
TITLE	CD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGAL, NORTON	32 NAME	
STREET ADDRESS	11077 NW 36TH AVE	33 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 00000	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(3)(a), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Louis R. Cicerone LOUIS R. CICERONE, PRES. 3/20/95 (305) 688-7700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in 11 digits)