


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90313 050 ***150.00

DOCUMENT # 502296 1. Entity Name INTERAMERICAN CAR RENTAL, INC.			
Principal Place of Business 6355NW 36TH ST 309 MIAMI, FL 33166		Mailing Address 6355NW 36TH ST 309 MIAMI, FL 33166	
2. Principal Place of Business PO Box 381517 Suite, Apt. #, etc.		3. Mailing Address PO Box 381517 Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 332381517		Zip 332381517	
Country USA		Country USA	
4. FEI Number 59-1685935		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REGISTERED AGENTS OF FLORIDA, LLC 100 SE 2ND STREET SUITE 2900 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILDSTEIN, DIANE 1790 N. W. LEJEUNE ROAD MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8880 BISCAYNE BLVD. MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILDSTEIN, LARRY 1790 N. W. LEJEUNE ROAD MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8880 BISCAYNE BLVD. MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Sam Ullrich</i></u> AS PRESIDENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/27/04</u>	Daytime Phone #: <u>305-754-7551</u>

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04272004 Chg-P CR2E034 (10/03)