## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 24 1997 8:00am Secretary of State

	MENT # <b>G34920</b> D DRIVING SCHOOL, INC.	(0)						
Principal Place of Business 2450 SW 137TH AVE STE 203 MIAMI FL 33175 US		Mailing Address 2450 SW 137TH AVE STE 203 MIAMI FL 33175-6312 US		Date Incorporated or Qualified				
2. Principal P	lace of Business	2a. Mailing Address			04/19/1983 4. FEI Number	01/24	<del>'</del>	oplied For
21		26			59-2285870		<del></del>	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
22 Suite City & State		27 Suite 212 City & State						equired
23	o	28			Election Campaign Financing     Trust Fund Contribution	$\Box$	\$5.00 Added	May Be to Fees
Zip	Country	Zip	Coun	try	8. This corporation has fiability for	or intangible ta		
24	25	29	30			Yes X		
1/41	9. Name and Address of Curren	i negistereo Agent		Name	10. Name and Address of New I	registered Ag	ent	
MARIN, RAUL 8430 NW 185 STREET MIAMI FL 33015								
			82 Street Ad		dress (P.O. Box Number is Not Accept	able)		
			1	33				
			ļ.	34 City			85 Zip	Code
					poration submits this statement for the ation's board of directors. I hereby acc	FL_		
12.	Signalure, typed or printed name of registered age OFFICERS AND	DIRECTORS	13.		ired when reinstating) ADDITIONS/CHANGES TO OFF			
TITLE	PSTD CACTANEDA NODA			E ]			Change	☐ Addition
STREET ADDRESS	Castaneda, Nora 11890 SW 112TH CIRCLE		1.2 NAM	EE1 ADDRESS				
CITY-ST-ZIP	MIAMI FL			-ST-ZIP				
TITLE	D/P/T/S	DELETE 2					Change	Addition
NAME	Marin, Raul		2.2 NAM	ne.				
STREET ADDRESS	8430 N.W. 185th St	•		EE1 ADDRESS				
CITY-ST-ZIP TITLE	Miami, FL 33015		2 4 CH 3 1 Till	Y-ST-ZIP		<del></del> -	Change	Addition
NAME		hand was to the	3.2 NAN				y	
STREET ADDRESS			3.3 S1R	EE I ADDRESS				
CITY-ST-ZIP				Y - S1 - 71F			1:	<u> </u>
TITLE		☐ DELETE	4.1 TITL	}			] Change	Addition
NAME STREET ADDRESS			4. 2 NAI					
CITY-ST-ZIP				FET ADDRESS F-ST-ZIP				
TITLE			5.1 1ITL				Change	Add/tion
NAME			5.2 NAM	IE				
STREET ADDRESS			5.3 \$1R	ELT ADDRESS				
CITY-ST-ZIP		T been		-S1-Z(P			1 01	
TITLE	 	DELETE	6.1 7(1)	1		L	Change	Addition
NAME OTDEET ADDRESS			6.2 NAM	!				
STREET ADDRESS CITY-ST-ZIP				FFT ADDRESS				
	ov certify that the information supplied	with this filing does not gue		'-ST-ZIP xemption state	nd in Section 119.07(3)(i), Florida Statu	tes. I further co	ertify that	the

14. I do 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 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 chang or on an attachment with an address.

CIGNATURE.

2000

David Manda

(20E) 201 250E