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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H50932 (3)

1. Corporation Name
ATLAS RENT-A-CAR, INC.



Principal Place of Business

5151 COLLINS AVENUE
1028
MIAMI BEACH FL 33140
US

Mailing Address

5151 COLLINS AVENUE
1028
MIAMI BEACH FL 33140-2716
US

3. Date Incorporated or Qualified
04/05/1985

3a. Date of Last Report
04/15/1996

2. Principal Place of Business

21 3300 N.E. 192 Street

Suite, Apt. #, etc.

22 L.P. #12

City & State

23 Aventura, Florida

Zip

24 33180

Country

25 USA

2a. Mailing Address

26 3300 N.E. 192 Street

Suite, Apt. #, etc.

27 L.P. #12

City & State

28 Aventura, Florida

Zip

29 33180

Country

30 USA

4. FEI Number

59-2593924

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

MIZRAHI, RALPH
5151 COLLINS AVENUE
1028
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name

Ralph MIZRAHI

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

3300 N.E. 192 Street

83

L.P. #12

84 City

Aventura.

FL

85 Zip Code

33180

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 Ralph Mizrahi

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

Ralph Mizrahi

(NOTE: Registered Agent signature required when reinstating)

1-14-97

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME MIZRANI, RALPH
STREET ADDRESS 5151 COLLINS AVENUE, SUITE 1028
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME MIZRAHI, RALPH
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 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 changed, or on an attachment with an address.

SIGNATURE: Ralph Mizrahi RALPH MIZRAHI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97 305.705.0505

Date

Daytime Phone #

CR2E034 (9/96)