

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

REINSTATEMENT

FILED

98 MAR 13 AM 8:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # H 52142
1. Corporation Name
A INTERNATIONAL DRIVING SCHOOL, INC.

Principal Place of Business Mailing Address
**7216 S.W. 8th Street Suite 1
MIAMI, FLORIDA 33144**

REINSTATEMENT

94-98
AD

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 29. Country

3. Date Incorporated or Qualified **04/11/85**
4. FEI Number **59 2637030**
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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**VICTOR HUGO MONTALVO
7216 S.W. 8th Street suite 1
Miami, Florida 33144**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 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: *[Signature]* **VICTOR H. MONTALVO** **03-05-98**

12. OFFICERS AND DIRECTORS

TITLE	P	VICTOR HUGO MONTALVO <input type="checkbox"/> DELETE
NAME		705Q SW 156 Ct.
STREET ADDRESS		Miami, Fl. 33193
CITY-ST-ZIP		
TITLE	S	BEATRIZ MONTALVO <input type="checkbox"/> DELETE
NAME		7050 SW 156 Ct.
STREET ADDRESS		Miami, Fl. 33193
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	900002459019--3
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	-03/17/98--01007--011
2.3 STREET ADDRESS	***1358.75 ***1358.75
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 in an attachment with an address.

SIGNATURE: *[Signature]* **VICTOR H. MONTALVO** **03/05/98 305 261 1335**

CFR2E034 (10/97)