

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

**FILED**

**May 12 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 # H69176 (6)**

1. Corporation Name  
**AMERICAN VIP LIMOUSINES, INC.**



Principal Place of Business  
**% ED VANHARASZ  
4030 NW 29 ST.  
MIAMI FL 33142**

Mailing Address  
**% ED VANHARASZ  
4030 NW 29 ST.  
MIAMI FL 33142-5616**

3. Date Incorporated or Qualified **07/31/1985**      3a. Date of Last Report **05/01/1996**

4. FEI Number **59-2570887**      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

2. Principal Place of Business      2a. Mailing Address

21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.

22 City & State      27 City & State

23 Zip      28 Zip      29 Country      30 Country

9. Name and Address of Current Registered Agent  
**D'OLIVEIRA, JOHN  
4030 NW 29TH ST  
MIAMI FL 33142**

10. Name and Address of New Registered Agent

81 Name **D'Oliveira, John**

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

83 **(SAME)**

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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>VPDS</b>	<input type="checkbox"/> DELETE
NAME	<b>VANHARASE, ED</b>	
STREET ADDRESS	<b>4030 NW 29TH ST</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>D'OLIVEIRA, JOHN</b>	
STREET ADDRESS	<b>4030 NW 29TH STREET</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
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	<b>(Same)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Vanharsz, Ed</b>	
1.3 STREET ADDRESS	<b>(Same)</b>	
1.4 CITY - ST - ZIP	<b>(Same)</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
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 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: **SIGNATURE OF John D'Oliveira, President 3/2/97 305/871-1984**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E034 (9/96)