PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J15111

1. Corporation Name

APRIL RENT A CAR, CORP.

Principal Place of Business	Mailing Address	
12544 N. KENDALL DR. MIAMI FL 33186	12544 N. KENDALL DR. Miami FL 33186	
•		
Principal Place of Business	2a. Mailing Address	

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90038 038 ***158.75



12544 N. KENDALL DR.										
MIAMI FE 33180	,	MINNI 1 E 30100					DO NOT WRITE	IN THIS	SPACE	
	e e					3. Date Incorporate 05/16/1986	d or Qualifed		-	
- 5.		La Mailing Address			 -	4. FEI Number				pplied For
· ·	lace of Business	2a. Mailing Address				{ ·'				ot Applicable
21		26 Fuite Ant # etc				65-0124604				Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_			5. Certificate of Star	us Desired	18	*	equired
City & State	e	City & State				6. Election Campai	gn Financing		\$5.00	May Be
23		28				Trust Fund Cont	ribution		Added	to Fees
Zip	Country.	Zip	Cou	ntry		8. This corporation	owes the currer	nt year Int		_
24	25	293	0			Personal Proper			☐ Yes	□No
	g. Name and Address of Curren	t Registered Agent		_		10. Name and Add	ess of New Re	gistered	Agent	
				81	Name A	Therto fe	LVVO			Ì
	I, JUAN			82	Street Addre	ess (P.O. Box Number	is Not Acceptab	leà		
1564	9 SW 73RD CIR			**	725	7 4 10 Ke	ncall	v_{ν}		
SUM	E 69			83						
MIAM	N FL 33186 ,			Ц					1 1	
	N 1		i	84	City Lr.	1		FL	85 Zip	3186
	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes	the of	hove	City 10	oration submits this sta	ement for the pr	imose of	changing its	s registered
office or re	to the provisions of pections 607.050 egistered agent, or thath, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	norized	by t	the corporatio	n's board of directors.	hereby accept	the appo	ntment as re	egistered
agent. I ar	m familiar with, and Alcept the oblige		a Stati	utes.		DSINT	n	1 3	cloc	1
SIGNATURE		-> HIDEVE	F	_	ivo	1001	HPU	11 2	6199	
	Signature, typed or printed name of registered ager		_	Agent	signature required			DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHA	NGES TO OFFI	CERO AI	Change	Addition
TITLE .	PSVT	C) bereie	1							
NAME	LUNA, JUAN		1.2 NA		i					1
STREET ADDRESS	15649 SW 73RD TERR, #69		1.3 \$1	REET	ADDRESS					Y
CITY-ST-ZIP	MIAMI FL 33193			TY-\$T	-ZIP				Character	Addition
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NAME			2.2 NA	AME	1					Ì
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NAME			3.2 NA	AME						ļ
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NAME					ADDRESS					
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NAME			6.2 N							Į.
STREET ADDRESS			6.3 ST	IREET	ADDRESS					}

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

EMUIRS D AOFFICER OR DIRECTOR