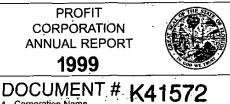
PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

May 03, 1999 8:00 am Secretary of State

05-03-1999 90063 007 ***150.00

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BROWARD LIMOUSINE SERVICES, INC. Mailing Address

6554 NW 13 CT PO BOX 17742 FT LAUDERDALE FL 33318 FT LAUDERDALE FL 33313 · DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 10/27/1988 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 65-0126051 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Zip Country 8. This corporation owes the current year Intangible Zip Country □No 25 30 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DESANTI, ROBERT Street Address (P.O. Box Number is Not Acceptable) 82 6554 NW 13 CT FT LAUDERDALE FL 33313 83 Zip Code City 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. 128/99 SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE TITLE DESANTI, ROBERT 1.2 NAME NAME 6554 NW 13 CT 1.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change Change DELETE 2.1 TITLE LOUIS DESANTI **DESANTI, LOUIS** 2.2 NAME NAME 6554 N.W. 13 C+ 620 NW 73RD AVE 2.3 STREET ADDRESS STREET ADDRESS FORT. LAUDER BAIE, FIA 33313 PLANTATION FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition [] DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 41 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 6.1 TITLE [7 Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET 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:

CR2E034 (11/98)