

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K96369 (9)

1. Corporation Name

BRAZILIAN LIMOUSINE SERVICE, INCORPORATED



Principal Place of Business

Mailing Address

% BRIAN KEITH LAKE  
300 ONTARIO PLACE  
WEST PALM BEACH FL 33409

% BRIAN KEITH LAKE  
300 ONTARIO PLACE  
WEST PALM BEACH FL 33409

2. Principal Place of Business

2a. Mailing Address

21 3361 Belvedere Rd.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 B

27

City & State

City & State

23 WPB. FL ?

28

Zip

Country

Zip

Country

24 33407

25

PB

29

30

3. Date Incorporated or Qualified

06/19/1989

3a. Date of Last Report

04/04/1995

4. FEI Number

65-0128751

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

10. Name and Address of New Registered Agent

LAKE, BRIAN KEITH  
300 ONTARIO PLACE  
WEST PALM BEACH FL 33409

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 607.0502, Florida Statutes.

SIGNATURE

Signature of the person named as registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME LAKE, BRIAN KEITH  
STREET ADDRESS 300 ONTARIO PLACE  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ST ☐ DELETE

NAME LAKE, BRIAN KEITH  
STREET ADDRESS 300 ONTARIO PLACE  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE V ☐ DELETE

NAME LAKE, SHELLEY MAE  
STREET ADDRESS 300 ONTARIO PLACE  
CITY-ST-ZIP WEST PALM 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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/96 (407)  
684-1512  
Date Daytime Phone #

CR2E034 (12/95)