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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

59 DOL	IMENT # M119; LAR WEEK CAR RENTAL	, INC.			
Principa Prace of Business 12835 SW 87 AVE MIAMI FL 33176 US		Mailing Address 12935 SW 87 AVE MIAMI FL 33176-5913 US			
03				3. Date Incorporated or Qualified 02/28/1985	3a. Date of Last Report 04/25/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apl	L. # rstr	Suite, Apt. #, etc.		65-0074213	Not Applicable \$8.75 Additional
22	, cu.	27		5. Certificate of Status Desired	Fee Required
City & Sta	ite	City & State	·····	6. Election Campaign Financing	\$5.00 May Be
23	·	28		Trust Fund Contribution	Added to Fees
Zφ	Gountry	Zip	Country 30	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, ☐ Yes ☐ No
24	25 9. Name and Address of Cur	29 29 29 29 29 29 29 29 29 29 29 29 29 2	[30]	10. Name and Address of New Re	
BA	SHEIN, SIDNEY		81 Name		
10005 CM 07 AVE			82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)
MI	AMI FL 33176				
			83		
			84 City		FL 85 Zip Code
11, Pursuan office or agent 1 SIGNATURE	If to the provisions of Sections 603 registered agent, or both, in the St are familiar with, and accept the of storage in the design in the design in the design in the storage in the sto		ites, the above-named cor authorized by the corpora lorida Statutes. 16. Regissered Agent signature requ	poration submits this statement for the pation's board of directors. I hereby acception when reinstating)	purpose of changing its registered pt the appointment as registered
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
THILE	DS STATE OF STATE	DELETE	1.1 THILE		Change Addition
NAME	BASHEIN, SIDNEY 12935 SW 87 AVE		1.2 NAME		
STREET ADURESS	MIAMI FL		13 STREET ADDRESS		
11H	DP	DELETE	1.4 C/TY+ST-ZIP 2.1 T)TLE		Change Addition
NAME	BASHEIN, JAY	tood	2.2 NAME		
STREET ADDRESS	12935 SW 87 AVE		2.3 STREET ADDRESS		
City - \$1 - 7IF	MIAMI FL	**	2. 4 CITY-ST-ZIP		
DT.F		DELETE	3 1 TITLE		Change Addition
NAMI Pauto Landonio	i I		3.2 NAME		
STHEFT ACHORESS CHTY-ST-ZP			3 3 STREET ADDRESS 3.4. City-St-Zip		
HILF		DELETE	4.1 YITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS	. [4.9 STREET ADDRESS		
Cd y - \$1 - 70°	The second secon	······································	4.4 CITY-ST-ZIP		
Illi€		☐ DELETE	5.1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS	5		5 3 STREET ADDRESS		
City St zif		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		hand wave of h	6.2 NAME		and a control of the second of
STREET ADDRESS	.)		6.3 STREET ADDRESS		

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 it-changed, or on an attachment with an address.

SIGNATURE:X>

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFIC

BASKN K

365-232-4325 Daytime Prices #

FILED

Apr 11 1997 8:00am

Secretary of State

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