FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N30805 (8)

1. Corporation Name

FLORIDA LIMOUSINE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O LORRAINE CELESTINO 3905 N.W. 75 TERR. LAUDERHILL FL 33319	%ABS INC. P.O. BOX 5406 FT. LAUDERDALE FL 33310

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0063412 (Applied For / Not Applicable)

2. Principal Place of Business	2a. Mailing Address
21 c/o Sonia Otalvaro	26 c/o Sonia Otalvaro
Suite, Apt. #, etc. 22 4501 Monserrate St	Suite, Apt. #, etc. 27 4501 Monserrate St
City & State 23 Coral Gables	City & State 28 Coral Gables Fl
Zip / County 24 / 25	Zip / County 29 33146 / 30 Dade

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — **$68.75** Supplemental Fee Not Required
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
CELESTINO LORRAINE 3905 NW 75 TERR LAUDERHILL FL 33319	81 Name: SONIA Otalvaro 82 Street Address (P.O. Box Number is Not Acceptable): 4501 Monserrate St 83 84 City: Coral Gables FL 85 Zip Code: 33146

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: [signature] DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP D	11 TITLE	☐ Change ☐ Addition
NAME	CELESTINO, LORRAINE	12 NAME	
STREET ADDRESS	3905 N.W. 75 TERR.	13 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33319	14 CITY-ST-ZIP	
TITLE	SH D P	21 TITLE	☐ Change ☐ Addition
NAME	OTALVARO, SONIA	22 NAME	000001464840
STREET ADDRESS	4501 MONSERRATE ST.	23 STREET ADDRESS	-04/26/95--01020--013
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	*****68.75 *****68.75
TITLE	DT	31 TITLE	☐ Change ☐ Addition
NAME	BRING, RANDY J	32 NAME	
STREET ADDRESS	2715 S. FEDERAL HWY	33 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LEVITT, MARK	42 NAME	
STREET ADDRESS	4300 NW 14 ST.	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4-20-95

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