

FILE NOW: FILING FEE IS \$61.25

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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30805** (8)

1. Corporation Name

FLORIDA LIMOUSINE ASSOCIATION, INC.



Principal Place of Business 4030 N.W. 29TH STREET % JOHN D'OLIVEIRA MIAMI FL 33142	Mailing Address 4030 N.W. 29TH STREET % JOHN D'OLIVEIRA MIAMI FL 33142-5616
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/21/1988	3a. Date of Last Report 10/23/1996
				4. FEI Number 65-0063412	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	

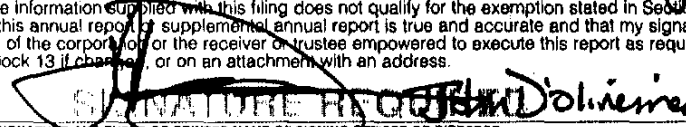
9. Name and Address of Current Registered Agent D'OLIVEIRA, JOHN 4030 N.W. 29TH STREET MIAMI FL 33142		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DP
NAME	CELESTINO, LORRAINE	1.2 NAME	CELESTINO LORRAINE
STREET ADDRESS	3905 N.W. 75 TERR.	1.3 STREET ADDRESS	3905 N.W. 75 TERR.
CITY-ST-ZIP	LAUDERHILL FL 33319	1.4 CITY-ST-ZIP	LAUDERHILL FL 33319
TITLE	DP	2.1 TITLE	DS
NAME	OTALVARO, CARLOS	2.2 NAME	Otalvaro, Carlos Jr.
STREET ADDRESS	4501 MONSERRATE STREET	2.3 STREET ADDRESS	4501 Monserrate Street
CITY-ST-ZIP	CORAL GABLES FL 33146	2.4 CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	DV	3.1 TITLE	DT
NAME	MCGOWAN, STEVE	3.2 NAME	Ross Marinaro
STREET ADDRESS	5282 N.W. 15TH STREET	3.3 STREET ADDRESS	5408 N.E. 1 Terr
CITY-ST-ZIP	MARGATE FL 33069	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33334
TITLE	D	4.1 TITLE	DV
NAME	LEVITT, MARK	4.2 NAME	Bob Boroday
STREET ADDRESS	4300 NW 14 ST.	4.3 STREET ADDRESS	10097 Clearing Blvd.
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33324
TITLE	DT	5.1 TITLE	D
NAME	D'OLIVEIRA, JOHN	5.2 NAME	John D'oliveira
STREET ADDRESS	4030 N.W. 29TH STREET	5.3 STREET ADDRESS	4030 N.W. 29 Street
CITY-ST-ZIP	MIAMI FL 33142	5.4 CITY-ST-ZIP	Miami, FL 33142
TITLE	DS	6.1 TITLE	D
NAME	BORODAY, CARLA	6.2 NAME	Steve McGowan
STREET ADDRESS	10097 CLEARING BLVD.	6.3 STREET ADDRESS	5282 N.W. 15 Street
CITY-ST-ZIP	FT. LAUDERDALE FL 33324	6.4 CITY-ST-ZIP	Margate, FL 33069

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **4/28/97** (306) **87-1984**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0029965

CF2E037 (9/96)