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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

Mailing Address

4030 N.W. 29TH STREET
% JOHN D'OLIVEIRA
MIAMI FL 33142

4030 N.W. 29TH STREET
% JOHN D'OLIVEIRA
MIAMI FL 33142

2. Principal Place of Business

2a. Mailing Address

21 **4501 MONSERRATE ST.**

26 **4501 MONSERRATE ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **CORAL GABLES, FL.**

28 **CORAL GABLES, FL**

Zip

Country

Zip

Country

24 **33146**

25 **USA**

29 **33146**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

D'OLIVEIRA, JOHN
4030 N.W. 29TH STREET
MIAMI FL 33142

81 Name **ROSS MARINARO**

82 Street Address (P.O. Box Number is Not Acceptable)
5408 NE 1ST TERRACE

83

84 City **FT. LAUDERDALE**

FL

85 Zip Code

33334

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 **Ross Marinaro** DIRECTOR/TREASURER **ROSS MARINARO** 4/24/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	CELESTINO, LORRAINE	
STREET ADDRESS	3905 N.W. 75 TERR.	
CITY-ST-ZIP	LAUDERHILL FL	

TITLE	DS	☐ DELETE
NAME	OTALVARO, CARLOS	
STREET ADDRESS	4501 MONSERRATE STREET	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE	DV	☒ DELETE
NAME	MCGOWAN, STEVE	
STREET ADDRESS	5282 N.W. 15TH STREET	
CITY-ST-ZIP	MARGATE FL 33069	

TITLE	D	☐ DELETE
NAME	LEVITT, MARK	
STREET ADDRESS	4300 NW 14 ST.	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	☒ DELETE
NAME	D'OLIVEIRA, JOHN	
STREET ADDRESS	4030 N.W. 29TH STREET	
CITY-ST-ZIP	MIAMI FL	

TITLE	DV	☐ DELETE
NAME	BORODAY, BOB	
STREET ADDRESS	10097 CLEARY BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	CELESTINO, LORRAINE	
1.3 STREET ADDRESS	3905 NW 75 TERR	
1.4 CITY-ST-ZIP	LAUDERHILL FL	

2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	DV	☐ Change ☒ Addition
3.2 NAME	MOSES LITMANIWOCK	
3.3 STREET ADDRESS	10352 NW 55 STREET	
3.4 CITY-ST-ZIP	SUNRISE, FL 33351	

4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	DT	☐ Change ☒ Addition
5.2 NAME	ROSS MARINARO	
5.3 STREET ADDRESS	5408 NE 1ST TERR	
5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33334-7634	

6.1 TITLE	DP	☒ Change ☐ Addition
6.2 NAME	BORODAY, BOB	
6.3 STREET ADDRESS	10097 CLEARY BLVD	
6.4 CITY-ST-ZIP	FT. LAUDERDALE, FL	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Ross Marinaro** D/T **ROSS MARINARO** 4/24/98

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