P02000066981

____
(Requestor's Name)

____
(Address)

____
(Address)

____
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

____
(Business Entity Name)

____
(Document Number)

Certified Copies _______ Certificates of Status ✓

Special Instructions to Filing Officer:

Office Use Only

100029513811

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FILED
04 MAR 15 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Voldis
T. Lewis 3/16/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ______________________________

DOCUMENT NUMBER: ______________________________

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mr. Angel M. Vizcarrondo
(Name of Person)

Conquest Limousine, Inc.
(Name of Firm/Company)

1170 Lady Susan Drive
(Address)

Casselberry, Florida 32707
(City/State/and Zip Code)

For further information concerning this matter, please call:

Angel M. Vizcarrondo at (407) 484-0150
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $35 Filing Fee

☒ $43.75 Filing Fee & Certificate of Status

☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

☐ $52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with Department of State:

Conquest Limousine, Inc.

SECOND: The document number of the corporation (if known): P02000066981

THIRD: The file date of the articles of incorporation was: 6-17-2002

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

FILED

04 MAR 16 PM 12: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signed this 9th day of MARCH, 2004.

Signature:

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

MR. ANGEL M. VIZCARRONDO
(Typed or printed name of person signing)

Vice President *(VD)
(Title of person signing)

* As listed in your records.

Filing Fee: $35

011721003173

Florida Corporate Income/Franchise and Emergency Excise Tax Return

F-1120
R. 01/C
PAGE 1

000002003123100020050375346126327100003

Use black ink. Example A - Handwritten Example B - Typed

0 1 2 3 4 5 6 7 8 9 · 0123456789

48-1263271

FEIN

For calendar year 2003 or tax year
beginning ______________, 2003
ending ______________
Year end date 12/31/03

Name CONQUEST LIMOUSINE INC
Address 1170 LADY SUSAN DR
City/State/ZIP CASSELBERRY FL 32707-4626

☐ Check here if any changes have been made to name or address

☒ Check here if you do not want DOR to send you a form next year. (*see back of payment coupon)

DOR use only ☐☐ / ☐☐ / ☐☐

Computation of Florida Net Income and Emergency Excise Tax

			US Dollars	Cents
1.	Federal taxable income (see instructions). **Attach pages 1–4 of federal return**	Check here if negative ☐	0,000	00
2.	State income taxes deducted in computing federal taxable income (attach schedule)	Check here if negative ☐	0,000	00
3.	Additions to federal taxable income (from Schedule I)	Check here if negative ☐	0,000	00
4.	Total of Lines 1 through 3.	Check here if negative ☐	0,000	00
5.	Subtractions from federal taxable income (from Schedule II)	Check here if negative ☐	0,000	00
6.	Adjusted federal income (Line 4 minus Line 5)	Check here if negative ☐	0,000	00
7.	Florida portion of adjusted federal income (see instructions)	Check here if negative ☐	0,000	00
8.	Nonbusiness income allocated to Florida (see instructions)	Check here if negative ☐	0,000	00
9.	Florida exemption		0,000	00
10.	Florida net income (Line 7 plus Line 8 minus Line 9)		0,000	00
11.	Tax due: 5.5% of Line 10 or amount from Schedule VI, Line 11, whichever is greater (see instructions for Schedule VI).		0,000	00
12.	Credits against the tax (from Schedule V, Line 17)		0,000	00
13.	Emergency excise tax due (from Schedule A, Line 20)		0,000	00
14.	Total corporate income/franchise and emergency excise tax due (see instructions).		0,000	00
15.	a) Penalty: F-2220 ______ b) Other ______ c) Interest: F-2220 ______ d) Other ______ Line 15 Total ➤		0,000	00

No Business Activity

[illegible] 2003

F-1120

Payment Coupon 2003 Florida Corporate Income Tax Return **Do Not Detach Coupon** F-1120 R. 01/04

To ensure proper credit to your account, attach your check to this payment coupon and mail with tax return.

YEAR ENDING M M 12/31/03 Y

Return is due 1st day of the 4th month after close of the taxable year

Check here if you transmitted funds electronically ▶ ☐

Enter name and address, if not pre-addressed:

CONQUEST LIMOUSINE INC
1170 LADY SUSAN DR
CASSELBERRY FL 32707-4626

	US DOLLARS	CENTS
Total amount due from Line 18	0,000	00
Total credit from Line 19	0,000	00
Total refund from Line 20	0,000	00
FEIN Enter FEIN if not pre-addressed	48-1263271	

F-1120

0000 0 20031231 0002005037 5 3461263271 0000 3

No Business Activity
during 2003.

16. Total of Lines 14 and 15 .... 16. 0,000.00

17. Payment credits: Estimated tax payments 17a $
Tentative tax payment 17b $ 17. 0,000.00

18. Total amount due or overpayment (Line 16 minus Line 17). Enter on payment coupon also. 18. 0,000.00

19. Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon 19. 0,000.00

20. Refund: Enter amount of overpayment to be refunded here and on payment coupon 20. 0,000.00

This return is considered incomplete unless a copy of the federal return is attached.
A return that is not signed, or improperly signed and verified, will be subject to a penalty. The statute of limitations period will not start until the return is properly signed and verified. This return must be completed in its entirety.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign here ▶ Angel M. Vizcarrondo Date 3/9/04 Title ▶ Vice-President
Signature of officer (must be an original signature)

Paid preparers only
Preparer's signature ▶ Angel M. Vizcarrondo 3/9/04 Preparer check if self-employed ☐ Preparer's SSN or PTIN ▶ 583190404
Firm's name (or yours if self-employed) and address ▶ FEIN ▶
ZIP ▶

All Taxpayers Are Required to Answer Questions A Through M Below as Appropriate — See Instructions

A. State of incorporation: ____________
B. Florida Secretary of State document number: ____________
C. Florida consolidated return? YES ☐ NO ☐
D. ☐ Initial return ☐ Final return (final federal return filed)
E. Taxpayer election s. 220.03(5), F.S. ☐ General Rule ☐ Election A ☐ Election B
F. Principal Business Activity Code (as pertains to Florida) ☐☐☐☐☐☐
G. A Florida extension of time was timely filed? YES ☐ NO ☐ If yes, attach copy of Florida Form F-7004.
H-1. Corporation is a member of a controlled group? YES ☐ NO ☐ If yes, attach list.
H-2. Part of a federal consolidated return? YES ☐ NO ☐ If yes, provide:
FEIN from federal consolidated return: ____________
Name of corporation: ____________
H-3. The federal common parent has sales, property or payroll in Florida? YES ☐ NO ☐
I. Location of corporate books: ____________
J. Taxpayer is a member of a Florida partnership or joint venture? YES ☐ NO ☐
K. Enter date of latest IRS audit ________ List years examined ________
L. Contact person and telephone for questions concerning this return: ____________ ( ) ____________
M. Type of federal return filed ☐ 1120 ☐ 1120A ☐ 1120S or ____________

*** Do you want a personalized package?**
If you use purchased software to prepare and file your return and do not want us to send you a preprinted forms package next year, check the box in the upper right-hand corner of Page 1.

Note: Even if you check the box indicating that you **do not** want a package, you still may receive one last package next year as we capture and phase in your request.

Where to Send Payments and Returns

Make check payable to and send with return to:
FLORIDA DEPARTMENT OF REVENUE
5050 W TENNESSEE STREET
TALLAHASSEE FL 32399-0135

If you are requesting a **refund** (Line 20), send your return to:
FLORIDA DEPARTMENT OF REVENUE
PO BOX 6440
TALLAHASSEE FL 32314-6440

- ✓ **1. Have you signed your check and return?**
- ✓ **2. Have you made your check payable to Florida Department of Revenue?**
- ✓ **3. Have you written your FEI Number on your check?**
- ✓ **4. Have you attached a copy of your federal return?**
- ✓ **5. Have you attached a copy of your Form F-7004 (extension of time) if applicable?**

Form 1120-A U.S. Corporation Short-Form Income Tax Return

Department of the Treasury
Internal Revenue Service

For calendar year 2002 or tax year beginning ...., 2002, ending ...., 20....
See separate instructions to make sure the corporation qualifies to file Form 1120-A.

OMB No. 1545-0890

2002

A Check this box if the corp. is a personal service corp. (as defined in Regulations section 1.441-3(c)—see instructions) ☐

Use IRS label. Otherwise, print or type.

Name: Canquest Limousine Inc.

Number, street, and room or suite no. (If a P.O. box, see page 7 of instructions.): 1170 Lady Susan Drive

City or town, state, and ZIP code: Casselberry FL 32707

B Employer identification number: 48 1263271

C Date incorporated: 06-17-2002

D Total assets (see page 8 of instructions): $

E Check applicable boxes: (1) ☒ Initial return (2) ☐ Name change (3) ☐ Address change

F Check method of accounting: (1) ☐ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

Income

1a Gross receipts or sales | b Less returns and allowances | c Balance ▶ 1c

2 Cost of goods sold (see page 14 of instructions) 2

3 Gross profit. Subtract line 2 from line 1c 3

4 Domestic corporation dividends subject to the 70% deduction 4

5 Interest 5

6 Gross rents 6

7 Gross royalties 7

8 Capital gain net income (attach Schedule D (Form 1120)) 8

9 Net gain or (loss) from Form 4797, Part II, line 18 (attach Form 4797) 9

10 Other income (see page 9 of instructions) 10

11 Total income. Add lines 3 through 10 ▶ 11

Deductions (See instructions for limitations on deductions.)

12 Compensation of officers (see page 10 of instructions) 12

13 Salaries and wages (less employment credits) 13

14 Repairs and maintenance 14

15 Bad debts 15

16 Rents 16

17 Taxes and licenses 17

18 Interest 18

19 Charitable contributions (see page 11 of instructions for 10% limitation) 19

20 Depreciation (attach Form 4562) 20

21 Less depreciation claimed elsewhere on return 21a | 21b

22 Other deductions (attach schedule) 22

23 Total deductions. Add lines 12 through 22 ▶ 23

24 Taxable income before net operating loss deduction and special deductions. Subtract line 23 from line 11 24

25 Less: a Net operating loss deduction (see page 13 of instructions) 25a
b Special deductions (see page 13 of instructions) 25b | 25c

Tax and Payments

26 Taxable income. Subtract line 25c from line 24 26

27 Total tax (from page 2, Part I, line 8) 27

28 Payments:
a 2001 overpayment credited to 2002 28a
b 2002 estimated tax payments 28b
c Less 2002 refund applied for on Form 4466 28c ( ) Bal ▶ 28d
e Tax deposited with Form 7004 28e
f Credit for tax paid on undistributed capital gains (attach Form 2439) 28f
g Credit for Federal tax on fuels (attach Form 4136). See instructions 28g
h Total payments. Add lines 28d through 28g 28h

29 Estimated tax penalty (see page 14 of instructions). Check if Form 2220 is attached ▶ ☐ 29

30 Tax due. If line 28h is smaller than the total of lines 27 and 29, enter amount owed 30

31 Overpayment. If line 28h is larger than the total of lines 27 and 29, enter amount overpaid 31

32 Enter amount of line 31 you want: Credited to 2003 estimated tax ▶ | Refunded ▶ 32

NO BUSINESS ACTIVITY
Closing 2002

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer | Date | Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No

Paid Preparer's Use Only

Preparer's signature ▶ | Date: 23-10-03 | Check if self-employed ☐ | Preparer's SSN or PTIN: 574-46-448

Firm's name (or yours if self-employed), address, and ZIP code ▶ Sal Sanchez
2592 Michigan Ave [illegible]

EIN
Phone no. ( )

For Paperwork Reduction Act Notice, see page 20 of the instructions. Cat. No. 11456E Form **1120-A** (2002)

Form 1120-A (2002) Page 2

Part I Tax Computation (see page 17 of instructions)

1	Income tax. If the corporation is a qualified personal service corporation (see page 17), check here ▶ ☐	1	
2a	General business credit. Check box(es) and indicate which forms are attached. ☐ Form 3800 ☐ Form(s) (specify) ▶	2a	
b	Credit for prior year minimum tax (attach Form 8827)	2b	
3	Total credits. Add lines 2a and 2b	3	
4	Subtract line 3 from line 1	4	
5	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)	5	
6	Total tax. Add lines 4 and 5. Enter here and on line 27, page 1	6	

Part II Other Information (see page 19 of instructions)

1 See page 21 and enter the:
- a Business activity code no. ▶
- b Business activity ▶
- c Product or service ▶

2 At the end of the tax year, did any individual, partnership, estate, or trust own, directly or indirectly, 50% or more of the corporation's voting stock? (For rules of attribution, see section 267(c).) ☐ Yes ☐ No

If "Yes," attach a schedule showing name and identifying number.

3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $

4 Enter total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year ▶ $

5a If an amount is entered on line 2, page 1, enter from worksheet on page 14 instr.:
- (1) Purchases
- (2) Additional 263A costs (attach schedule)
- (3) Other costs (attach schedule)

b If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? ☐ Yes ☐ No

6 At any time during the 2002 calendar year, did the corporation have an interest in or a signature or other authority over a financial account (such as a bank account, securities account, or other financial account) in a foreign country? ☐ Yes ☐ No

If "Yes," the corporation may have to file Form TD F 90-22.1.

If "Yes," enter the name of the foreign country ▶

7 Are the corporation's total receipts (line 1a plus lines 4 through 10 on page 1) for the tax year and its total assets at the end of the tax year less than $250,000? ☐ Yes ☐ No

If "Yes," the corporation is not required to complete Parts III and IV below.

Part III Balance Sheets per Books

			(a) Beginning of tax year	(b) End of tax year
Assets	1	Cash		
	2a	Trade notes and accounts receivable		
	b	Less allowance for bad debts	( )	( )
	3	Inventories		
	4	U.S. government obligations		
	5	Tax-exempt securities (see instructions)		
	6	Other current assets (attach schedule)		
	7	Loans to shareholders		
	8	Mortgage and real estate loans		
	9a	Depreciable, depletable, and intangible assets		
	b	Less accumulated depreciation, depletion, and amortization	( )	( )
	10	Land (net of any amortization)		
	11	Other assets (attach schedule)		
	12	Total assets		
Liabilities and Shareholders' Equity	13	Accounts payable		
	14	Other current liabilities (attach schedule)		
	15	Loans from shareholders		
	16	Mortgages, notes, bonds payable		
	17	Other liabilities (attach schedule)		
	18	Capital stock (preferred and common stock)		
	19	Additional paid-in capital		
	20	Retained earnings		
	21	Adjustments to shareholders' equity (attach schedule)		
	22	Less cost of treasury stock	( )	( )
	23	Total liabilities and shareholders' equity		

No Activity
during 2002

Part IV Reconciliation of Income (Loss) per Books With Income per Return

1	Net income (loss) per books		6	Income recorded on books this year not included on this return (itemize)	
2	Federal income tax per books		7	Deductions on this return not charged against book income this year (itemize)	
3	Excess of capital losses over capital gains				
4	Income subject to tax not recorded on books this year (itemize)				
5	Expenses recorded on books this year not deducted on this return (itemize)		8	Income (line 24, page 1). Enter the sum of lines 1 through 5 less the sum of lines 6 and 7	