

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthland
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000012113 (6)

1. Corporation Name

AVENTURA LIMOUSINE & TRANSPORTATION SERVICE, INC

Principal Place of Business

SUITE 300 ROCHESTER BLDG.
8390 NW 53RD STREET
MIAMI FL 33166

Mailing Address

SUITE 300 ROCHESTER BLDG.
8390 NW 53RD STREET
MIAMI FL 33166-7813

FILED
Apr 21 1997 8:00am
Secretary of State



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

AUSTIN, RICHARD B
SUITE 300 ROCHESTER BLDG.
8390 NW 53RD STREET
MIAMI FL 33166

3. Date Incorporated or Qualified

12/14/1992

3a. Date of Last Report

04/30/1996

4. FEI Number

65-0376225

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

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

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDS
CAMPANILE, MICHAEL J.
8390 N.W. 53RD STREET, #300
MIAMI FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

DELETE

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 if changed, or on an attachment with an address.

MICHAEL J. CAMPANILE 4/1/97 (305)592-0036

SIGNATURE:

SIGNATURE: RECORDED

Michael J. Campanile

CR2E034 (9/96)