

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000012113 (6)
 1. Corporation Name
AVENTURA LIMOUSINE & TRANSPORTATION SERVICE, INC



Principal Place of Business
~~SUITE 300 ROCHESTER BLDG.~~
~~8500 NW 53RD STREET~~
~~MIAMI FL 33166~~

Mailing Address
~~SUITE 300 ROCHESTER BLDG.~~
~~8500 NW 53RD STREET~~
~~MIAMI FL 33166~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 20201 NE 15th CT Suite, Apt. #, etc. 22 City & State 23 N. Miami FL Zip 24 33179		2a. Mailing Address 26 20201 NE 15th CT Suite, Apt. #, etc. 27 City & State 28 No. Miami FL Zip 29 33179		3. Date Incorporated or Qualified 12/14/1992 4. FEI Number 65-0376225 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent AUSTIN, RICHARD B. / SUITE 300 ROCHESTER BLDG. / 8500 NW 53RD STREET / MIAMI FL 33166 / **RESIGNED 4/1/98				10. Name and Address of New Registered Agent 81 Name MICHAEL J. CAMPANILE 82 Street Address (P.O. Box Number is Not Acceptable) 12050 NE 14 AVE 83 84 City MIAMI FL 85 Zip Code 33181			
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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 *Michael J. Campanile* DATE **4/10/98**
 Signature, typed 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	PDS	1.1 TITLE	VPO
NAME	CAMPANILE, MICHAEL J.	1.2 NAME	
STREET ADDRESS	8500 NW 53RD STREET	1.3 STREET ADDRESS	13290 Keystone Ter
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami FL 33161
TITLE		2.1 TITLE	PO
NAME		2.2 NAME	Neil M Goodman
STREET ADDRESS		2.3 STREET ADDRESS	7520 Magellan Cir #731
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Aventura FL 33180
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: *Michael J. Campanile* MICHAEL CAMPANILE 4/12/98 (305) 770-5466

CR2E034 (10/97)