

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 MAY -1 AM 8:58

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Candice B. Norstrom
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000015925 (9)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

MIAMI LIMOUSINE SERVICE, INC.

Principal Place of Business

**947 SW 7TH ST
DEERFIELD BEACH FL 33441**

Mailing Address

**947 SW 7TH ST
DEERFIELD BEACH FL 33441**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0392141

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**

5. This corporation has liability for embezzlement under § 192.032,
Florida Statutes



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

22

27

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9. Name and Address of Current Registered Agent

**BERMAN, BERNARD
888 S ANDREWS AVE
SUITE 203-B
FT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81. Name

Harvey Philips

82. Street Address (P.O. Box Number is Not Acceptable)

947 S.E. 7th St.

83

84

Deerfield Bch

FL

85

**Zip Code
33441**

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

Harvey Philips

Harvey Philips

4/28/95

12. OFFICERS AND DIRECTORS

**1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
PHILIPS, HARVEY
947 SE 7TH ST
DEERFIELD BEACH FL 33441**

**2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**

**3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**

**4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**

**5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**

**6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP**

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP**

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP**

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP**

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP**

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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:

Harvey Philips

Harvey Philips

4/28/95

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