

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000037177 (1)**

1. Corporation Name
A.B.C. LIMOUSINE, INC.



Principal Place of Business 4212 INVERRARY BLVD SUITE 8-B LAUDERHILL FL 33319 US	Mailing Address 4212 INVERRARY BLVD SUITE 8-B LAUDERHILL FL 33319 US
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DO NOT WRITE IN THIS SPACE


2. Principal Place of Business 21 4212 Inverrary Blvd, Suite, Apt. #, etc. 22 85B. City & State 23 Lauderhill FL Zip 24 33319	25 Country U.S.A.	26. Mailing Address 26 SAME. Suite, Apt. #, etc. 27 City & State 28 Zip 29	30 Country 30
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3. Date Incorporated or Qualified 05/24/1993	4. FEI Number 65-0420860	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <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 type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent ALBA CARLOS S 4208 INVERRARY BLVD #80-B LAUDERHILL FL 33319	
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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  DATE _____
Signature, typed or printed name of registered agent and the individual (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DPVS	
NAME	ALBA CARLOS S	
STREET ADDRESS	4208 INVERRARY BLVD #80-B	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	ALBA CARLOS S.	
NAME	4212 INVERRARY BLVD 85B	
STREET ADDRESS	LAUDERHILL FL 33319	
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: 

05-21/98

CR2E034 (10/97)