FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAR 22 AM 8:12
TALLAHASSEE, FLORIDA

DOCUMENT # P93000069965 (0)

1. Corporate Name
RELIABLE LIMOUSINE SERVICE OF SOUTH FLORIDA, INC

Principal Place of Business	Mailing Address
2020 N.E. 163RD ST SUITE 300 NORTH MIAMI BEACH FL 33162	2020 N.E. 163RD ST. SUITE 300 NORTH MIAMI BEACH FL 33162

(Document will be returned to this address.)

3. Date Incorporated / Qualified: 10/08/1993
3a. Date of Last Report: 04/19/1994

21	2. Principal Place of Business	26	2a. Mailing Address: BOX 1310
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State: MIAMI FLA
24	Zip / 25 Country	29	Zip: 33143 / 30 Country: USA

4. FEI Number: APPLIED FOR 65-0407278 (Applied For)

5. Certificate of Status Desired: X — $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 unemployment under Ch. 443 Florida Statutes: [ ] Yes [X] No

9. Name and Address of Current Registered Agent

ROTH, MITCHEL W
2020 N.E. 163RD ST.
SUITE 300
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name: RON REED
82 Street Address (P.O. Box Number is NOT Acceptable): 2020 N.E. 163rd street
83: Suite 300
84 City: N.M.B Fla 85 FL Zip: 33162

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: Ron Reed (Registered Agent's Signature) 3/7/95 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
TITLE	D	[ ] Delete [ ] Add
NAME	REED, RON	
STREET ADDRESS	2020 N.E. 163RD ST., SUITE 300	
CITY ST ZIP	NORTH MIAMI BEACH FL 33162	
TITLE		[ ] Delete [ ] Add
NAME		
STREET ADDRESS		
CITY ST ZIP		
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TLS. 3/22/95

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14. I do hereby certify that the information supplied with this report is complete and accurate, and that I am executing this report in accordance with Chapter 607, 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 above, or on an attachment with an address.

SIGNATURE: Ron Reed PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 6889832
(Area Code and Daytime Telephone Number)