


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

FILED

Feb 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000072010 (0)

1. Corporation Name
PRIME RENTALS, INC.



Principal Place of Business
**%FERNANDO E MEMOYO
737 VALENCIA AVE.
CORAL GABLES FL 33134**

Mailing Address
**%FERNANDO E MEMOYO
737 VALENCIA AVE.
CORAL GABLES FL 33134-5659**

3. Date Incorporated or Qualified 10/18/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0453549	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	29

9. Name and Address of Current Registered Agent
**MADON EYAN B
X0 EAST FLAGLER ST
PENTHOUSE 104XX
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81 Name
Jagil Management, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
3079 NE 163 Street
83
84 City
North Miami Beach FL
85 Zip Code
33160

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, to 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]* (NOTE: Registered Agent signature required when reinstating) DATE **2/11/97**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	MENOYO, FERNANDO
STREET ADDRESS	121 S.E. 1ST ST., SUITE 600
CITY - ST - ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> DELETE
NAME	BEDA, DAVID
STREET ADDRESS	121 S.E. 1ST ST., SUITE 600
CITY - ST - ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> DELETE
NAME	BEDA, RONNIE
STREET ADDRESS	121 S.E. 1ST ST., SUITE 600
CITY - ST - ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> DELETE
NAME	AZOUT, JACK
STREET ADDRESS	121 S.E. 1ST ST., SUITE 600
CITY - ST - ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 its 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, with an attachment with an address.

SIGNATURE: *[Signature]* DATE: **2/11/97** (305) 935-5175

CR2E034 (9/96)