

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1998. AMOUNT DUE ON OR BEFORE 8/8/97: \$225 (IF INCORPORATED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)**

**APPROVED AND FILED**

**95 JUN 26 AM 8:25**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P94000000248 (2)**

1. Corporation Name  
**ALL AMERICAN LIMOUSINE, INC.**

**000001525050**  
**-06/28/95--01001--008**  
**\*\*\*225.00 \*\*\*225.00**  
 DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**401 NW 34TH ST** **401 NW 34TH ST**  
**POMPANO BEACH FL 33064** **POMPANO BEACH FL 33064**

3. Date Incorporated or Qualified **01/03/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
**21 1220 SW 1ST WAY** **26 1220 SW 1ST WAY**

4. FEI Number **65-046-4198** Applied For Not Applicable

22. City & State **23 DEERFIELD BEACH, FL** **27 DEERFIELD BEACH FL**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

24. Zip **33441** 25. Country **BROWARD** 28. Zip **33441** 30. Country **BROWARD**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 119.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**ALFERO, ANTHONY J ESQ.**  
**3403 NW 8TH AVE., SUITE 802**  
**PORT LAUDERDALE FL 33309**

10. Name and Address of Now Registered Agent  
**81 Name GARY ONORATI**  
**82 Street Address (P.O. Box Number is Not Acceptable) 767 S STATE RD 7 #13**  
**83**  
**84 City MARGATE FL** **85 Zip Code 33068**

11. Pursuant to the provisions of Sections 607.052 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 *[Signature]* **GARY ONORATI** **6/12/95**  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PO</b>
NAME	<b>MALTA, STEVEN G</b>
STREET ADDRESS	<b>300 NW 34TH ST., APT. 202</b>
CITY - ST - ZIP	<b>POMPANO BEACH FL 33064</b>
TITLE	<b>STD</b>
NAME	<b>NOE, RALPH JR.</b>
STREET ADDRESS	<b>1684 NE 31ST CT.</b>
CITY - ST - ZIP	<b>POMPANO BEACH FL 33064</b>
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**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 of this report or on an attachment with an address.

SIGNATURE: *[Signature]* **RALPH H NOE JR.** **6/10/95** **305-9439474**  
Signature and typed or printed name of signing officer or director

CR2E094 (3/95)