

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

96 FEB 14 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P94000014830 (1)

1. Corporation Name
CASINO LIMOUSINES, INC.

Principal Place of Business
**7100 SW 127TH COURT
MIAMI FL 33183**

Mailing Address
**P.O. BOX 430255
S. MIAMI FL 33143**

3. Date Incorporated or Qualified 02/21/1994	3a. Date of Last Report 01/27/1995
4. FFI Number 65-0469106	Applied For 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 21 State, Apt. #, etc. 22 City & State 23 Zip 24 County	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 County
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9. Name and Address of Current Registered Agent SUAREZ, ODALIS 7100 SW 127TH COURT MIAMI FL 33183	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
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11. Pursuant to the provisions of Sections 607.05(2) 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 607.05(9), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1101 TITLE	<input type="checkbox"/> DELETE	11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1102 NAME		12 NAME	
1103 STREET ADDRESS		13 STREET ADDRESS	
1104 CITY, ST, ZIP		14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1105 TITLE	<input type="checkbox"/> DELETE	21 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1106 NAME		22 NAME	
1107 STREET ADDRESS		23 STREET ADDRESS	
1108 CITY, ST, ZIP		24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1109 TITLE	<input type="checkbox"/> DELETE	31 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1110 NAME		32 NAME	
1111 STREET ADDRESS		33 STREET ADDRESS	
1112 CITY, ST, ZIP		34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1113 TITLE	<input type="checkbox"/> DELETE	41 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1114 NAME		42 NAME	
1115 STREET ADDRESS		43 STREET ADDRESS	
1116 CITY, ST, ZIP		44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1117 TITLE	<input type="checkbox"/> DELETE	51 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1118 NAME		52 NAME	
1119 STREET ADDRESS		53 STREET ADDRESS	
1120 CITY, ST, ZIP		54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1121 TITLE	<input type="checkbox"/> DELETE	61 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1122 NAME		62 NAME	
1123 STREET ADDRESS		63 STREET ADDRESS	
1124 CITY, ST, ZIP		64 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. (To get an attachment with an address.)

SIGNATURE: *[Signature]* **Odalis-Suarez** 2/07/96 3815577
DATE: _____

CR2E034 (12/95)