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May 27, 1999 8:00 am
Secretary of State

05-27-1999 90002 001 ***150.00

05/25/99

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000014830

1. Corporation Name
CASINO LIMOUSINES, INC.



Principal Place of Business: 7109 SW 127TH COURT MIAMI FL 33183
 Mailing Address: P.O. BOX 430255 S. MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/21/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0469106	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24		25		[] \$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution	
29		30		[] \$5.00 May Be Added to Fees	
29		30		8. This corporation owes the current year Intangible Personal Property Tax.	
29		30		[] Yes [] No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SUAREZ, ODALIS 7109 SW 127TH COURT MIAMI FL 33183				81 Name		JOSE M. CASTILLO	
				82 Street Address (P.O. Box Number is Not Acceptable)		8832 SW 131ST	
				83			
				84 City		MIAMI	
85 State		FL		86 Zip Code		33176	

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: *[Signature]* DATE: 5-20-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE: P SUAREZ, ODALIS [X] DELETE NAME: SUAREZ, ODALIS STREET ADDRESS: 7109 SW 127TH COURT CITY-ST-ZIP: MIAM FL 33183				1.1 TITLE: P JOSE M. CASTILLO [X] Change [] Addition 1.2 NAME: JOSE M. CASTILLO 1.3 STREET ADDRESS: 8832 SW 131ST 1.4 CITY-ST-ZIP: MIAMI FLA. 33176			
TITLE: [] DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:				2.1 TITLE: [] Change [] Addition 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:			
TITLE: [] DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:				3.1 TITLE: [] Change [] Addition 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:			
TITLE: [] DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:				4.1 TITLE: [] Change [] Addition 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:			
TITLE: [] DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:				5.1 TITLE: [] Change [] Addition 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:			
TITLE: [] DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:				6.1 TITLE: [] Change [] Addition 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 5-20-99 DAYTIME PHONE #: 305 971-3311

CR2E034 (11/98)