

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90212 015 \*\*\*158.75

DOCUMENT # P94000042617

1. Corporation Name

AVENTURA LIMO SERVICE, INC.

Principal Place of Business

12050 NE 14TH AVE  
NORTH MIAMI FL 33161  
US

Mailing Address

20201 NE 15TH COURT  
MIAMI FL 33179  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1994

4. FEI Number

65-0502043

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒

Yes ☐ No

2. Principal Place of Business

21 20201 NE 15 CT  
Suite, Apt. #, etc.

2a. Mailing Address

26 20201 NE 15 CT  
Suite, Apt. #, etc.

City & State

23 North Miami FL

City & State

28 North Miami FL

Zip

24 33179

Country

25 Dade

Zip

29 33179

Country

30 Dade

9. Name and Address of Current Registered Agent

CAMPANILE, MICHAEL J.  
12050 NE 14TH AVE  
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name

Toni Goodman

82 Street Address (P.O. Box Number is Not Acceptable)

7520 Magellan Cir. #731

83

84 City

Aventura

FL

85 Zip Code

33180

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD ☒ DELETE

NAME CAMPANILE, MICHAEL J.  
STREET ADDRESS 13290 KEYSTONE TERRACE  
CITY-ST-ZIP MIAMI FL 33161

TITLE PD ☐ DELETE

NAME GOODMAN, NEIL  
STREET ADDRESS 7520 MAGELLAN CIRCLE #731  
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/99

(305) 770-0977

Date

Daytime Phone #

CR2E034 (11/98)