

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

FILED  
Jan 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000086009 (5)**

1. Corporation Name  
**STERLING LIMOUSINE & AIRPORT SERVICES, INC.**




Principal Place of Business <b>800 DOUGLAS ROAD CORAL GABLES FL 33134 US</b>	Mailing Address <b>P.O. BOX 14-1187 CORAL GABLES FL 33114-1187</b>
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3. Date Incorporated or Qualified <b>11/23/1994</b>	3a. Date of Last Report <b>02/16/1996</b>
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2. Principal Place of Business 21 <b>115 S.W. 42nd Avenue</b> Suite, Apt #, etc. 22 City & State 23 <b>Miami FL</b> Zip 24 <b>33134</b> Country 25 <b>Dade</b>	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country 30	4. FEI Number <b>65-0540705</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

9. Name and Address of Current Registered Agent <b>SHELTON, SHARON M 3812 GEGOVIA STREET CORAL GABLES FL 33134</b>	10. Name and Address of New Registered Agent 81 Name <b>Sharon M. Shelton</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>115 S.W. 42nd Avenue</b> 83 84 City <b>Miami</b> FL 85 Zip Code <b>33134</b>
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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  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE <b>D SHELTON, SHARON M 3812 GEGOVIA STREET CORAL GABLES FL 33134</b> <b>115 S.W. 42nd Ave Miami, FL 33134</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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.

SIGNATURE:  **Sharon M. Shelton**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date **1/16/97** Daytime Phone # **305 444-2928**  
0161288

CR2E034 (9/96)