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

PROFIT CORPORATION ANNUAL REPORT

1998





FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF COMPORATIONS

P95000020199 (2) **POCUMENT #**Corporation Name

CLASSIC LIMOUSINE SERVICE, INC.

Principal Place of Business	Maillio Address	
1220 NE 180 STREET NORTH MIAMI BEACH FL 33162	Mailing Address 1220 NE 180 STREET NORTH MIAMI BEACH FL 33162	
		3. Date (
2. Principal Place of Business	2a. Mailing Address 25	4. FEI No.
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Cortific

FILED

May 13 1998 8:00am

Secretary of State

1220 NE 160 STREET NORTH MIAMI BEACH FL 33162		1220 NE 160 STREET NORTH MIAMI BEACH FL 33162		•	DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 03/10/1995	
2. Principal P	Place of Business	2a. Mailing Address		_		4. FEI Number Applied	For
21	· ~~ 6 .	26				65-0561567 Not App	
Suite, Apt	#, etc.	Suite, Apt. #, etc.				CO 75	
22		27		_		5. Certificate of Status Desired Fee Required	
City & Stat		City & State				6. Election Campaign Financing \$5.00 May 1 Trust Fund Contribution Added to Fee	
Zip 24	Country 25	Zip 29	Count 30	try		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	le
	9. Name and Address of Curr	ent Registered Agent		_		10. Name and Address of New Registered Agent	·····
MA MA	VRMOL, MAGDALIA		8	11	Name		
	20 NE 160 STREET		8	2	Street Addr	Iress (P.O. Box Number is Not Acceptable)	
NO.	ORTH MIAMI BEACH FL 33162		8	1			
			*	3			
			8	4	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statu	ites, the abo	L	-named corp		stered
office or r	registered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida. Such change was leations of, Section 607,0505. P	authorized l	by i	the corporat	poration submits this statement for the purpose of changing its regist ation's board of directors. I hereby accept the appointment as regist	ered
SIGNATURE		Sample of property on the set !	ioriou oiu.i.	6 0.	•	04-06-98	
	Signature, typed or printed name of registered a	igent and title if applicable (NO	TE Registered A	loen	nt signature requir	ired when reinstating) DATE	
12.		ND DIRECTORS	13,	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	VP	☐ DELETE	1.1 TITLE	£		☐ Change ☐ A	Addition
NAME	MARMOL, MAGDALIA		1.2 NAME	-			
STREET ADDRESS	1220 NE 160 STREET		1.3 STRE	ET A	ADORESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3		1.4 CITY-		I-ZIP		
TITLE	P THOMAS	☐ DELETE	2.1 TITLE			☐ Change ☐ A	Addition
NAME	MILLAR, THOMAS		2.2 NAME	-			
STREET ADDRESS	1220 NE 160 STREET	0400			ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3	3187 ☐ DELETE	2, 4 CITY		r-zip	The same of the sa	- 2341
NAME		₩ DETCIE	3.1 TITLE			Change	Addition
STREET ADDRESS			3.2 NAME				
			3.3 STREE				
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY 4.1 TITLE		(- ZIP	☐ Change ☐ A	Addition
NAME			4.1 HILE		-	C Ottoryo C r	Working
STREET ADDRESS			4.3 STREE	_	ADORESS		
CITY-ST-ZIP			4.4 CITY-				
TITLE		☐ DELETE	5.1 TITLE			Change A	Addition
NAME			5.2 NAME	Ε		· -	
STREET ADDRESS			5.3 STREE	ET A	ADDRESS		
CFTY - ST - ZIP			5.4 CITY-	-ST-	- ZIP		
TITLE		DELETE	61 TITLE			☐ Change ☐ A	Addition
NAME			6.2 NAME	Ĕ			
CTDCCT ADDOCCC			44 5755				

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.

SIGNATURE:

04-27-98