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FILED

Feb 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000037421 (1)

1. Corporation Name

LUNAMAR LIMOUSINE SERVICE CORP.



Principal Place of Business

1805 S.W. 107 AVE. 1921 SW 84 CT.  
SUITE 1201 MIAMI, FL  
MIAMI FL 33165 33155

Mailing Address

1805 S.W. 107 AVE. 1921 SW 84 CT.  
SUITE 1201 MIAMI, FL  
MIAMI FL 33165 33155

2. Principal Place of Business

21 1921 SW 84 CT.

Suite, Apt. #, etc.

22 City & State

23 MIAMI, FL

Zip

24 33155

Country

25 USA

2a. Mailing Address

26 1921 SW 84 CT.

Suite, Apt. #, etc.

27 City & State

28 MIAMI, FL

Zip

29 33155

Country

30 USA

3. Date Incorporated or Qualified

05/11/1995

3a. Date of Last Report

05/02/1996

4. FEI Number

65-0582034

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

MAUREEN A. SORO

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

1905 S.W. 104 AVE 1921 SW 84 CT.

83

SUITE 1201

84 City

MIAMI

FL

85 Zip Code

33165 33155

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

2/1/97

12. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME SORO, MAUREEN A  
STREET ADDRESS 1905 S.W. 104 AVE., SUITE 1201 1921 SW 84 CT.  
CITY - ST - ZIP MIAMI FL 33165 33155

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD  
1.2 NAME MAUREEN SORO  
1.3 STREET ADDRESS 1921 SW 84 CT.  
1.4 CITY - ST - ZIP MIAMI, FL 33155

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAUREEN SORO

2/1/97

Date

Daytime Phone #

267-6016  
225-8350

CR2E034 (9/96)