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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000058957 (8)

LUXURY LIMOUSINE OF SOUTH DADE, INC.

Princ	-pal	File	100	of	Busir	H
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Mailing Address

## **FILED**

Apr 14 1997 8:00am Secretary of State



2812 NW 35 ST MIAMI FL 3314		2812 NW 35 STREET MIAMI FL 33142-5269							
					3. Date Incorporated or Qualified 07/28/1995	3a. Date of Last F 05/01/1996	Report		
Z' V V L	ace of Business	2a. Mailing Address	AVI	T. Oh a	4. FEI Number	A	oplied For		
21 300		26 JYUI BLY	<u>.+1)</u>	K DIVIN	0 65-0631013	<del></del>	ot Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired		Additional equired		
City & State .  23 Hill Thui, FL.					Election Campaign Financing     Trust Fund Contribution		May Be to Fees		
24 5 3	Country 25		Coun	1-5.	<u> </u>	Yes No	: 199.032,		
	9. Name and Address of Current I	Registered Agent		1 Name	10. Name and Address of New Re-	gistered Agent			
	NSKY, ILYA 2 NW 35 STREET			Name					
	MI FL 33142			82 Street Address (P.O. Box Number is Not Acceptable)					
				3					
			(	City		FL ("I '	Code		
11. Pursuant to office or reagent. La	to the provisions of Sections 607,0502 egistered agent, or both, in the State of militar with, and accept the obligation	and 607.1508, Florida Statutes Florida. Such change was au ons of, Section 607.0505, Flori	the ab thorized da Statu	by the corportes.	orporation submits this statement for the pration's board of directors. I hereby accept	urpose of changing in the appointment as	ts registered registered		
SIGNATURE						·····	·		
12.	Signature: typed or punted name of registered agent a OFFICERS AND		Registered	Ageni arutangia Inaga	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE PERS AND DIRECTO	DS IN 12		
11/LF	D	DELETE	1.1 1111	E 1	ADDITIONS/OTIANGES TO OTTIC	Change	Addition		
NAME	PALINSKY, ELENA		1.2 NA			<u></u>			
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CHY-S1-ZIP	MIAMI FL 33142			-ST-ZIP					
TITLE		DELETE	2.1 TITE			Change	Addition		
NAME			2.2 NA	15					
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CITY - S1 - ZIP			2.4 CIT	Y-ST-ZIP					
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101.21-19.		☐ DELETE	6.1 7171			Change	Addition		
NAME		<del></del>	6.2 NA	ſ			<del></del>		
STREET ADDRESS			1	EET ADDRESS					
CHY-51-7IP			•	-ST-ZIP					
	ar earlify that the information supplied	with this filing dose not qualify			ted in Section 119 07/3V/i) Florida Statute	e I further certify that	the		

True ingrapy certify that the information supplied with this timing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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:** 

0196317