

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000063737 (7)

1. Corporation Name

BLACK-TIE LIMOUSINES OF THE PALM BEACHES, INC.



Principal Place of Business

Mailing Address

8073 SOUTHERN BOULEVARD
ROYAL PALM BEACH FL 33411

8073 SOUTHERN BOULEVARD
ROYAL PALM BEACH FL 33411

2. Principal Place of Business

2a. Mailing Address

21 11809 POLO CLUB RD
Suite, Apt. #, etc.

26 11809 POLO CLUB RD
Suite, Apt. #, etc.

22 City & State
23 WELLINGTON, FLORIDA

27 City & State
28 WELLINGTON, FLORIDA

24 Zip 33414 25 Country

29 Zip 33414 30 U.S.A.

3. Date Incorporated or Qualified

3a. Date of Last Report

08/17/1995

4. FEI Number

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

10. Name and Address of New Registered Agent

NEWBERG, STEVEN S
1675 PALM BEACH LAKES BLVD.
SUITE 700
W. PALM BEACH FL 33401

81 Name

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

83

84 City

FL

85 Zip Code

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 of Registered Agent (required when changing)

(If New Registered Agent, signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS
NAME OLIVA, JUAN A
STREET ADDRESS 9073 SOUTHERN BOULEVARD
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE VT
NAME REGO, TERRY A
STREET ADDRESS 9073 SOUTHERN BOULEVARD
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is true and accurate and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan Oliva

08-11-96 107-793.2877

CS 7/8/96

CR2E034 (3/96)