

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000087493 (9)

1. Corporation Name

SAM'S RENT-A-CAR, INC.



Principal Place of Business

Mailing Address

2935 SW 3RD AVE.
MIAMI FL 33129

2935 SW 3RD AVE.
MIAMI FL 33129

3. Date Incorporated or Qualified

11/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4028 N W 24 ST

26 4028 N W 24 ST

4. FEI Number

65-0619687

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

MIAMI, FL

City & State

MIAMI, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

33142

Country

USA

Zip

33142

Country

USA

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

SHINDER, LANCE
2935 SW 3RD AVE.
MIAMI FL 33129

81 Name

MANNY FIGUEROA, C.P.A.

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

306 ALCAZAR AVE STE 220

83

84 City

CORAL GABLES

FL

85 Zip Code

33134-4318

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

MANNY FIGUEROA, C.P.A.

DATE

2-9-96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAMOUN, FADI	
STREET ADDRESS	8032 NW 187TH TER.	
CITY, ST, ZIP	MIAMI FL 33015	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAMOUN, FARES	
STREET ADDRESS	8032 NW 187TH TER.	
CITY, ST, ZIP	MIAMI FL 33015	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOURAD, BASSAM	
STREET ADDRESS	8150 NW 191ST ST.	
CITY, ST, ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

13. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 607, 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

Date

Daytime Phone #

CR2E034 (12/95)