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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000029605 (8)

ADELCA RENT A CAR, CORP.

Principal Place of Business Mailing Address						ANSE SEES TEILD AILLI DA	
1470 PALM AVE 1470 PALM AVE							
HIALEAH FL 33010 HIALEAH FL 33010					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					03/29/1996		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Ar	oplied For
21		26			65-0664732	No	ot Applicable
Sulte, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional
27						Fee He	
City & Stat	l 0	· · · · · · · · · · · · · · · · ·	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	7 _{ip}	Count	·			
<u></u>		 			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24	9. Name and Address of Curre	29 29 Agent	[30]		10. Name and Address of New Regist		
			8	1 Name	70.		-
CALLEJO, FERNANDO D 5490 W 9TH AVE			_				
	ALEAH FL 33010		8	z Strøet Ad	reet Address (P.O. Box Number is Not Acceptable)		
TRIBLIAN I L GOVIO			8	3			
			<u> </u>	1 0:		——————————————————————————————————————	<u> </u>
			8	4 City		FL 85 Zip	Code
SIGNATURE	am familiar with, and accept the obli- Signature, typed or printed name of registered a		OTL Registered A			DATE	DO IN 17
TILE	OFFICERS AT	DELETE	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	RS IN 12 Addition
NAME	CALLEJO, FERNANDO D	Car occur	1.2 NAM	- 1		# curuigo	
STREET ADDRESS	5490 W 9 AVE			ET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33010		1,4 CITY				
TITLE	DV	DELETE	2.1 TITLE			Change	Addition
NAME	CALLEJO, FERNAN D	-•	2.2 NAM	:			
STREET ADDRESS	5490 W 9 AVE		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33010		2. 4 CITY	-SI-ZIP			
TITLE	DST	DELETE 3				☐ Change	Addition
NAME	CALLEJO, ROLANN D	7 -	3.2 NAM				
STREET ADDRESS	5490 W 9 AVE		3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33010		3.4. CITY	-ST-ZIP			
TITLE		DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAM	i			
STREET ADDRESS				FT ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY			Chapes	Addition
TITLE		ריי מנוגוב	5.1 TITLE			Change	Addition
NAME OTOTET ADDOCES			5.2 NAM				
STREET ADORESS				ET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CiTY			Change	Addition
TITLE		U OLCCIE	6.1 TITLE			- Change	LT MODITION
NAME STOCET ADDRESS			6.2 NAMI	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			6.4 CiTY	ľ			
U111-21-21			■ 0.4 CH T	01-717			

14. 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 suppliemental 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 trusted 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.

FILED

May 07 1998 8:00am

Secretary of State

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