

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

FILED  
May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # R96000045872 (4)

1. Corporation Name  
AUTO SHUTTLE USA, INC.

Principal Place of Business  
732 NW 8TH AVE  
FT LAUDERDALE FL 33311

Mailing Address  
732 NW 8TH AVE  
FT LAUDERDALE FL 33311-7317

3. Date Incorporated or Qualified  
05/30/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0676000

Applied For  
Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81. Name  
PATRICIA RHOADES  
82. Street Address (P.O. Box Number is Not Acceptable)  
732 NW 8TH AVE  
83.  
84. City  
FT LAUDERDALE FL 85. Zip Code  
33311

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 *Patricia A. Rhoades*

4-12-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	RHOADES, PATRICIA A	
STREET ADDRESS	732 NW 8TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	FREDDIE FINKELSTEIN	
STREET ADDRESS	1228 BAYVIEW CIRCLE	
CITY-ST-ZIP	FT. LAUD. FL 33326	
TITLE	STEPHEN HODGINS-VICE PRES	<input type="checkbox"/> DELETE
NAME	4950 N.W. 16TH ST	
STREET ADDRESS	LAUDERHILL, FL 33313	
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	CHALLENGE RUSSO	
STREET ADDRESS	3730 INVERARY DRIVE	
CITY-ST-ZIP	LAUDERHILL, FL 33319	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	KEVIN HEWELL	
STREET ADDRESS	5540 WASHINGTON ST.	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Addition
2.2 NAME	PRESIDENT
2.3 STREET ADDRESS	FREDDIE FINKELSTEIN
2.4 CITY-ST-ZIP	1228 BAYVIEW CIRCLE
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STEPHEN HODGINS
3.3 STREET ADDRESS	4950 N.W. 16TH ST
3.4 CITY-ST-ZIP	LAUDERHILL, FL 33313
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	

14. I do 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 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 *Freddie Finkelstein*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-97 954 728 8600  
Date Daytime Phone #

0269622

CR2E034 (9/96)