

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90074 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000087805

1. Corporation Name
IMPERIAL BUS & LIMO SERVICE, INC.



Principal Place of Business 8525 S.W. 92 ST. STE. B-9 MIAMI FL 33156 US	Mailing Address 8525 S.W. 92 ST. STE. B-9 MIAMI FL 33156 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 10/24/1996	4. FEI Number 65-0717445	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent PRICE, IRA B 9100 S. DADELAND BLVD., PH-1 SUITE 1701 MIAMI FL 33156	10. Name and Address of New Registered Agent 81 Name JUAN CARLOS FRAGA 82 Street Address (P.O. Box Number is Not Acceptable) 8525 S.W. 92 St. 83 Suite B-9 84 City Miami, FL 85 Zip Code 33156
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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 *Juan Carlos Fraga* **JUAN CARLOS FRAGA** **PRESIDENT** 4/28/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Director - President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME AZOULAY, CHARLES		1.2 NAME Juan Carlos Fraga	
STREET ADDRESS 10700 N. KENDALL DRIVE, SUITE 302		1.3 STREET ADDRESS 2240 S.W. 29 Ave.	
CITY-ST-ZIP MIAMI FL 33176		1.4 CITY-ST-ZIP Miami, Fl. 33135	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE Director - Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME Gladys C. Fraga	
STREET ADDRESS		2.3 STREET ADDRESS 2240 S.W. 29 Ave.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Miami, Fl 33135	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: *Juan Carlos Fraga* **Juan Carlos Fraga** **PRESIDENT** 4-8-99 305-270-2620
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/1/98)