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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 14 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT #** 

P96000100079 (8)

TASC RENT A CAR, INC.

Mailing Address Principal Place of Business 1850 NW LEJEUNE RD 1850 NW LEJEUNE RD MIAMI FL 33126 MIAMI FL 33126 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>12/11/1996</u> 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 65-0712256 26 21 Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible Zip Country  $Z_{1}p$ Yes Personal Property Tax due June 30. 30 24 25 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name DUNKLEY, LIDSAY 717 PONCE DE LEON BLVD 82 Street Address (P.O. Box Number is Not Acceptable) 83 CORAL GABLES FL 33136 84 Zio 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 the directors of Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) De of registered agent and title diapplicable Signature typed or pa ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition VP DELETE 1.1 TITLE TITLE **GARRIDO, RANIER A** 1.2 NAME NAME 1850 NW LEJEUNE RD 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY+ST-ZIP 1.4 CITY - ST - ZIP Change Addition DELETE 2.1 TITLE TITLE CRUZ, ADALBERTO 2.2 NAME NAMÉ 1850 NW LEJEUNE RD 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition DELETE Change 3.1 TITLE TITLE BRITO, BARBARA 3.2 NAME NAME 1850 NW LEJEUNE RD 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 3.4. CITY - ST - ZIP CITY-ST-ZIP \_\_\_ DELETE Change Addition TITLE 4.1 TOTALE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 13 if Changed or on an attraction with an address.