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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🔑

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000021025 (6)

MERCEDES LIMO CORP. Mailing Address Principal Place of Business 7040 WEST PALMETTO PARK ROAD. SUITE 537 7040 WEST PALMETTO PARK ROAD, SUITE 537 **BOCA RATON FL 33433 BOCA RATON FL 33433** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/07/1997 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 30 24 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AMERILAWYER CHARTERED EIM MOR MAN 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 63 Pure ant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above
office or registered agent, or both, in the State of Florida. Such change was authorized by
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Satutes corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered IMMERMAN SIGNATURE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition TITLE 1.1 TITLE Change MERCEDES, RICHARD NAME 1.2 NAME 7040 WEST PALMETTO PARK ROAD, SUITE 537 STREET ADDRESS 1.3 STREET ADDRESS

BOCA RATON FL 33433 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE MERCEDES, JANET 2.2 NAME NAME 7040 WEST PALMETTO PARK ROAD, SUITE 537 STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 33433** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Charige ☐ Addition 3.1 TITLE LICKER, JEFFREY NAME 3.2 NAME 7040 WEST PALMETTO PARK ROAD, SUITE 537 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33433 3.4 CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition Change TITLE 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing doe indicated on this annual report or supplemental annual suport officer or director of the corporation or the receiver or trulies of Block 12 or Block 13 if changed, or on an attachment with any for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information not qua true and curate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in execute this report as required by C. HARIS. M. RRCEDE

SIGNATURE:

FILED

May 07 1998 8:00am

Secretary of State