May 10, 1999 8:00 am Secretary of State

05-10-1999 90209 018 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700053852

1. Corporation Name

STREET ADDRESS

LA FRANCE LIMOUSINE SERVICES, INC.

Principal Place	e of Business		Mailing Address							
8430 N.W. 8TH	STREET		8430 N.W. 8TH STREET							
#B12 #B12						DO NOT WE	ITE IN THI	S SPACE		
MIAMI FL 33126 MIAMI FL 33126 US							Date Incorporated or Qualifed			
03							06/18/1997	_		
2 Principal P	lace of Business		2a, Mailing Address		_		4. FEI Number		Ap	plied For
	0 NW 8		26 SAME				65-0761877			t Applicable
Suite, Apt.	#. etc.	<u>~~</u>	Suite, Apt. #, etc.						\$8.75 A	
	-12		27				5. Certificate of Status Desired		Fee Re	quired
City & State		•	City & State				6. Election Campaign Financing		\$5.00	May Be
23 level		_	28				Trust Fund Contribution	<u> </u>	Added to	o Fees
Zip		intry	Zip	Cour	ntry		8. This corporation owes the cu	rrent year li		
24 3312	6 25 C	(SF)	29	30			Personal Property Tax.			No
	9. Name and Ad	dress of Current F	Registered Agent				10. Name and Address of New	Registered	l Agent	
701	AD OLADVO V			-	81 Na	me	NONE			
	AR, GLADYS Y			}	82 St	eet Addre	ess P.O. Box Number is Not Accep	table)		
) N.W. 8TH STREE	:1								
#B1:	-				83					
MAN	VII FL 33126			}	84 Ci	······································	<u> </u>		85 Zip C	Code
					_	•		F	L. Ji	
office or n	egistered agent, or b	oth, in the State of	Florida. Such change was a	uthorized	by the	ned corpo orporation	oration submits this statement for the n's board of directors. I hereby acc	ept the app	pintment as req	gistered
office or n agent. I a	registered agent, or b m familiar with, and a	oth, in the State of accept the obligation	Florida. Such change was ans of, Section 607.0505, Floridation if applicable. (NOTE	euthorized orida Statu	by the d	orporatio	n's board of directors. I hereby acc	28 - 9 DATE	Sintment as rec	gistered
office or n agent. I at SIGNATURE 12.	registered agent, or b m familiar with, and a Signado yead or printed	oth, in the State of accept the obligation	Florida. Such change was a constant of Section 607.0505, Floridation of title if applicable. (NOTE DIRECTORS	euthorized orida Statu E: Registered /	by the otes.	orporatio	n's board of directors. I hereby acc	28 - 9 DATE	Sintment as rec	gistered
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CITY-ST-ZIP 14. 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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: 6