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

PROFIT CORPORATION **ANNUAL REPORT** 

1998

14. I hereby certify that the informindicated on this annual reporting officer or director of the corpus Block 12 or Block 13 if charges

ation supplied with this filing does



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

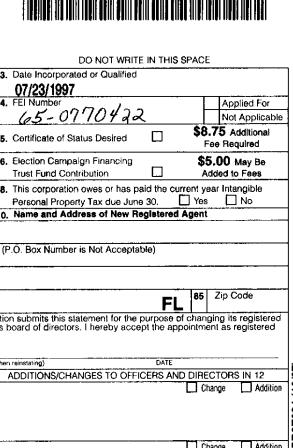
Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000063811 (8)

MIAMI NICE LIMOUSINE SERVICE, INC.

Principal Place of Business Mailing Address 444 BRICKELL AVENUE 444 BRICKELL AVENUE **SUITE 810** SUITE 810 DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAMI FL 33131 3. Date Incorporated or Qualified 07/23/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0770422 Not Applicable 26 Suite, Apt #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name COELLO, LUIS G 444 BRICKELL AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 810 83 **MIAMI FL 33131** 84 Zip 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change \_\_\_ Addition PSTD TITLE 1.1 TITUE NAME COELLO, LUIS G 1.2 NAME 444 BRICKELL AVENUE STE 810 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33131 1.4 CITY - ST - ZIP CITY+ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-S1-ZIP CITY-ST-ZIP DELETE ☐ Change \_\_\_ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 Title TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

**FILED** May 01 1998 8:00am Secretary of State



1 qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information up and accurate and that my signature shall have the same legal effect as if made under oath; that I am an owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in