SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000070617

MIAMI TOURS LIMOUSINES INC

FILED Jul 22, 1999 8:00 am Secretary of State

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17332 SW 14 MIAMI FL 331		17332 S MIAMI F	W 149 COURT						
		William (L 00/0/			DO NOT WRI	TE IN THIS	SPACE	
						3. Date Incorporated or Qualified	<u> </u>		
						08/14/1997			1
	Place of Business	2a. Mailir	ng Address			4. FEI Number		Applied	For
21		26				65-0774386		Not App	
Suite, Apt.	, #, etc	Suite	, Apt. #, etc.		 -		П	-\$8.75-Additi	
22		27	_			5. Certificate of Status Desired	ш	Fee Require	
City & Sta	te	City 8	& State			6. Election Campaign Financing		\$5.00 May	Be
23		28				Trust Fund Contribution	_ ⊔ _	Added to Fe	
Zip	Country	Zip		Coun	itry	8. This corporation owes the curr	rent year _	_	
24	25	29		30		Intangible Personal Property.	L	Yes No	
	9. Name and Address of C	Current Registered	Agent			10. Name and Address of New F	Registered /	Agent	
DE	BET DE CAMMO LATADO			{	81 Name				
	REZ DE CAMINO, LAZARO 332 SW 149 COURT			-	82 Street Add	Iress (P.O. Box Number is Not Accepta	able\	·	
					ou con nua		able)		
MIA	AMI FL 33187			1	83				
				ļ.	04 00				
				,	84 City		FL	85 Zip Code	
						oration submits this statement for the or	irnose of ch	anging its register	ba
11. Pursuan	t to the provisions of sections 60	7.0502 and 607.1508	3. Florida Statute	s, the above	ve-named corbo				
office or	t to the provisions of sections 60 registered agent, or both, in the	State of Florida, Suc	ch change was a	authorized	by the corporati	ion's board of directors. I hereby accer	ot the appoin	ntment as register	ed
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I hereby certify that the information supplied with this filling 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 chapted, or on an attantment with an address.

SIGNATURE:

LATURE AND TYPETION PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

7-10-99

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