

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90053 016 ***150.00

DOCUMENT # P97000070722

1. Corporation Name

M X LIMOUSINE SERVICE, INC.

Principal Place of Business

C/O ARTURO X LARGACHA
1825 S.W. 177TH TERRACE
MIRAMAR FL 33319

Mailing Address

C/O ARTURO X LARGACHA
1825 S.W. 177TH TERRACE
MIRAMAR FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1997

4. FEI Number

65-0773850

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 C/O MARTIN DICKSON

Suite, Apt. #, etc.

22 5325 NW 53rd CIRCLE

City & State

23 COCONUT CREEK, FL

Zip

24 33073

Country

25 USA

2a. Mailing Address

26 C/O MARTIN DICKSON

Suite, Apt. #, etc.

27 5325 NW 53rd CIRCLE

City & State

28 COCONUT CREEK, FL

Zip

29 33073

Country

30 USA

9. Name and Address of Current Registered Agent

LARGACHA, ARTURO X
1825 S.W. 177TH TERRACE
MIRAMAR FL 33319

10. Name and Address of New Registered Agent

81 Name

MARTIN DICKSON

82 Street Address (P.O. Box Number is Not Acceptable)

5325 NW 53rd CIRCLE

83

84 City

COCONUT CREEK

FL

85 Zip Code

33073

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

Martin Dickson **MARTIN DICKSON**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-23-99

DATE

12.

OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **LARGACHA, ARTURO X**
STREET ADDRESS **1825 S.W. 177TH TERRACE**
CITY-ST-ZIP **MIRAMAR FL 33319**

TITLE **D** ☐ DELETE

NAME **DICKSON, MARTIN**
STREET ADDRESS **5325 N.W. 53RD CIRCLE**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Martin Dickson **MARTIN DICKSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)