

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

DOCUMENT # P97000079201

1. Corporation Name

AIRPORT EXECUTIVE LIMO, CORP.

Principal Place of Business

895 S.W. 127TH COURT
MIAMI FL 33184

Mailing Address

895 S.W. 127TH COURT
MIAMI FL 33184

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90055 025 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1997

4. FEI Number

65-0780989

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$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

8009 N.W. 36 St

12a. Mailing Address

8009 N.W. 36 Street

21 Suite, Apt. #, etc.

215

26 Suite, Apt. #, etc.

215

23 City & State

Miami, Fla

28 City & State

Miami, Fla

24 Zip

33166

Country

USA

29 Zip

33166

Country

USA

9. Name and Address of Current Registered Agent

ORMAZABAL, SERGIO N
895 S.W. 127TH COURT
MIAMI FL 33184

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ORMAZABAL, SERGIO M
STREET ADDRESS 895 S.W. 127TH COURT
CITY-ST-ZIP MIAMI FL 33184

TITLE VD ☐ DELETE

NAME IGLESIAS, ORESTES
STREET ADDRESS 9420 S.W. 37TH ST.
CITY-ST-ZIP MIAMI FL 33165

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 PD Ormazabal Sergio M.
1.3 STREET ADDRESS 8009 N.W. 36 St. # 215
1.4 CITY-ST-ZIP Miami, Fla. 33166

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VD Iglesias Orestes
2.3 STREET ADDRESS 8009 N.W. St. # 215
2.4 CITY-ST-ZIP Miami, Fla. 33166

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 20-99-(305) 552-6555

Date

Daytime Phone #

CR2E034 (1/98)