## 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 # **P97000086136**1. Corporation Name

IMAGE LIMOUSINE SERVICE, INC.

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Principal Plac	e of Businèss	Mailing Address			# imbilant 14# imiti 400ti ##iti engis #mili	46461 10110 01104 11000 1	
2520 CORAL WAY SUITE 2-107		2520 CORAL WAY SUITE 2-107					
MIAMI FL 33145 MIAMI FL 33145				DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualifed 09/30/1997		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Ann	lied For
21		26			65-0787479		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 A	
22	<u> </u>	27			5. Certifcate of Status Desired	Fee Rec	uired
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 N	,
23	On the	28			Trust Fund Contribution	Added to	Fees
Zip	Country 25	Zip	Country 30	У	8. This corporation owes the current year		□No
24	9. Name and Address of Current	29 29 Agent	[30]		Personal Property Tax.  10. Name and Address of New Register		
		A Control of the Cont	81	Name	· · · · · · · · · · · · · · · · · · ·	ou Agoin	
	MEZ, JUAN D	· ;		1 01 141		<del> </del>	
7800	O SW 33 TERRACE		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
MIAI	MI FL 33155		83	1		43.344919	
			84	City			
				'		F <b>L</b>   T	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Stat	tutes, the abov	e-named cor	poration submits this statement for the purpos	e of changing its r	egistered
office or a	ropietorod ogost or both in the State o			the compret			
office or r agent. I a	registered agent, or both, in the State on the familiar with, and accept the obligat	of Florida. Such change was ions of, Section 607.0505, F	authorized by Florida Statute:	the corporat	tion's board of directors. I hereby accept the a	ppointment as regi	stered
office or r agent. I a SIGNATURE	um familiar with, and accept the obligat	ions of, Section 607.0505, F	lorida Statute	the corporat s.			
agent l'a	im familiar with, and accept the obligat	t and title if applicable. (NO	lorida Statute	the corporat s.	red when reinstating) , DAT		———·
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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 chapted or or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

305-228-919,

**FILED** 

Jan 22, 1999 8:00am

Secretary of State 01-22-1999 90069 034 \*\*\*150.00