

FILED

99 NOV 15 AM 10:54
NOV 03 1999 05:33 PM F1SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: FEE NOT. FILING FEE AFTER MAT 1ST IS \$550.00

FAX NO. 1

PROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000096237

1. Corporation Name

AUTO RENTAL GROUP, INC.

2. Principal Place of Business

Mailing Address

9/24/99 90002008 \$550.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/98

2. Principal Place of Business

21 1717 N. BAYSHORE DR.

2a Mailing Address

26 1717 N. BAYSHORE DR.

4. FEI Number

65-0876101

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

22 No. 109

27 No. 109

6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

City & State

City & State

23 Miami, FL 33132

28 Miami, FL 33132

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

24 33132 25 U.S.A.

29 33132 30 U.S.A.

3. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name

JULIO CONDE

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

1717 N. BAYSHORE DR.

83.

No. 109

84. City

MIAMI

85. Zip Code
FL 3313211. 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, am familiar with, and accept the obligations of, Section 607.0405, Florida Statutes.

SIGNATURE

2. Signature (typed or printed name of registered agent and the 2. Appointee)

(NOT: Registered Agent signature required when reinstating)

9/14/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME ☐ DELETE1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.2 NAME JULIO CONDE

1.3 STREET ADDRESS

1.3 STREET ADDRESS 1717 N. BAYSHORE DR. No

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP MIAMI, FL 33132

2. NAME ☐ DELETE2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.2 NAME ERNESTO CRUZ

2.3 STREET ADDRESS

2.3 STREET ADDRESS 1717 N. BAYSHORE DR.

2.4 CITY-ST-ZIP

2.4 CITY-ST-ZIP MIAMI, FL 33132

3. NAME ☐ DELETE3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.2 NAME

3.3 STREET ADDRESS

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

3.4 CITY-ST-ZIP

4. NAME ☐ DELETE4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.2 NAME

4.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5. NAME ☐ DELETE5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.2 NAME

5.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6. NAME ☐ DELETE6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.2 NAME

6.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

7. NAME ☐ DELETE7.1 TITLE ☐ Change ☐ Addition

7.2 NAME

7.2 NAME

7.3 STREET ADDRESS

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

7.4 CITY-ST-ZIP

8. NAME ☐ DELETE8.1 TITLE ☐ Change ☐ Addition

8.2 NAME

8.2 NAME

8.3 STREET ADDRESS

8.3 STREET ADDRESS

8.4 CITY-ST-ZIP

8.4 CITY-ST-ZIP

9. NAME ☐ DELETE9.1 TITLE ☐ Change ☐ Addition

9.2 NAME

9.2 NAME

9.3 STREET ADDRESS

9.3 STREET ADDRESS

9.4 CITY-ST-ZIP

9.4 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

JULIO CONDE

9/14/99 (305) 377-3772

Date

Daytime Phone #

2

November 5, 1999

Florida Department of State
Attn: Katherine Harris
Secretary of State
Division of Corporations /Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

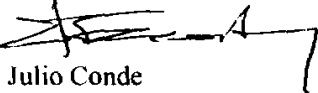
RE: Document #P98000096237

Dear Ms. Harris:

Per your request please find a copy of our annual report sent to you in September 1999. In a recent telephone conversation with your department, we were informed that the annual report sent by Auto Rental Group was returned to us because one of the officers/directors was missing a title. We never received this notice. I am including a copy of the revised annual report as well as a copy of our bank statement (check #1074 in the amount of \$550 cashed by the Division of Corporations- see attachment).

Please advise if further information is required to reactivate our corporation.

Sincerely,



Julio Conde
President
Auto Rental Group, Inc.

JC/rle

Attachments