2002 FOR PROFIT CORPORATION

FILED May 27, 2002 8:00 am

UNIFORM BUSINESS REPORT (UBR)		Secretary of State	
DOCUMENT # P98 000 100 665	/	05-27-2002 90444 017 ***150.00	
1. Entity Name Rent-A-Car, Inc.		03-27-2002 90444 017 *****130.00	
HIH Kent-A-Car, Inc.	7		
·			
DO NOT WOITE IN THE	ND40=		
DO NOT WRITE IN THIS S	SPACE		
2. Principal Place of Business 12278 S.W. 117 th Court 12278 S.V	U. 117th Gurt		
Suite, Apt. #, etc. Suite, Apt. #, etc.	0, 111 -001.	DO NOT WRITE IN THIS SPACE	
<u>.</u>		DO NOT WITE IN THIS STAGE	
City & State C	FL	4. FEI Number Applied For	
Miami — Miami — Zip — Zi		65-0880Z18 Not Applicable	<u>၂</u>
33186. Country Zip 33186	Country	= 5. Certificate of Status Desired = \$8.75 Additional Fee Required	= =
		7. Name and Address of Current Registered Agent	7
	Name T. b	arra Ricardo	7
DO NOT WRITE		P.Q. Box Nymber is Not Acceptable)	1
IN THIS SPACE	12278	2.W. 117 Cour/	-

	CityMiam	FL Zip Code 33/86	7
8. The above named entity submits this statement by the purpose of changing it	its registered office or registere	ed agent, or both, in the State of Florida.	1
Krin Ma			
SIGNATURA Signature, typed or printed name of registered agent and title if applicable. (No	TE: Pagistared Apost cineature required		
1	OTE: Registered Agent signature required	when reinstaling) DATE	4
Tax filing requirement and elects to do so. After Ma	May 1 Fee is \$150.00 y 1, Fee is \$550.00	10. Election Campaign Financing \$5.00 May Be	
(See criteria on back)	ed UBR is \$61,25 ble to Department of Stat	Trust Fund Contribution. Added to Fees	1
11. OFFICERS AND DIRECTORS	I Supplied to the supplied to	<u> </u>	-
TITLE S.O. PD	TITLE		18
NAME Ibarra Kicardo STREET ADDRESS 12278 S.W. 117 Court	NAME		15
CITY-ST-ZIP Miami FL 33186	STREET ADDRESS CITY-ST-ZIP		19
TITLE 20 00	TITLE		[
NAME Ibarra Douglas H.	NAME		\ e
NAME Tharra Douglas A. STREET ADDRESS 4232 5:W. 980 AveCITY-ST-ZIP- Miami, FL 33165	STREET ADDRESS		
Miami, TL 33165	- CITY-ST-ZIP		1
NAME	TITLE NAME		
STREET ADDRESS	STREET ADDRESS	DO NOT WOITE	
CITY-ST-ZIP	CITY-ST-ZIP	DO NOT WRITE	ļ
TITLE			
NAME STREET ADDRESS	TITLE	IN THIS SPACE	1
	NAME	IN THIS SPACE	
CITY-ST-ZIP		IN THIS SPACE	
CITY-ST-ZIP TITLE	NAME STREET ADDRESS	IN THIS SPACE	
TITLE NAME .	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	IN THIS SPACE	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	IN THIS SPACE	
TITLE NAME STREET ADDRESS	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		

indicated on this report or supplemental 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 of trustee empowerems execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

Ricardo Ibarra (x) 4-24-02 (x) 305-255-4007
CEROR DIRECTOR

Date

Date