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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S21004

(4)

DELTA AUTO RENTAL SYSTEMS, INC.

Mailing Address Principal Place of Business 4121 NW 25TH ST 4121 NW 25TH ST MIAMI FL 33142 MIAMI FL 33142-6725 3. Date Incorporated or Qualified 3a. Date of Last Report 12/27/1990 04/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0233557 Not Applicable 21 26 Suite, Apt #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SYGMAN, FORREST 328 MINORCA AVE Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 City 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 Signature, typed or perfed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. PD DELETE Change Addition TITLE 11 TITLE ROVIROSA, GUS NAME 1.2 NAME R2E034 4121 NW 25 ST 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CiTY-ST-ZIP CITY - ST - ZIF STD DELETE Change Addition TITLE 2.1 TITLE ROVIROSA, LESLIE NAME 2.2 NAME 4121 NW 25 ST 2.3 STREET ADDRESS STREET ADORESS MIAM! FL CITY-ST-ZIP 2 4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not applify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied 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 of the corp

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 THILE

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6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

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4.4 CITY-ST-ZIP

3.4. CITY - ST - ZIP

SIGNATURE:

TABLE NAME

TITLE

NAME

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TITLE

NAME

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

SMATURE AND TYPED OR PRINTS NAME OF SIGNING OFFICER OR DIRECTOR

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Jan 16 1997 8:00am

Secretary of State