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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S30529 (9)

1. Corporation Name

VINTAGE ROLLS ROYCE LIMOUSINES
OF CORAL GABLES, INC.

Principal Place of Business	Mailing Address
5801 BIRD ROAD MIAMI, FL 33155 US	5801 BIRD ROAD MIAMI, FL 33155 US

7. Date Incorporated or Qualified: 2/8/91
7a. Date of Last Report: 5/1/96

2. Principal Place of Business (21)
2a. Mailing Address (28)
Suite, Apt. #, etc. (22) (27)
City & State (23) (29)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 65-0292769 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

OTALVARO, CARLOS JUAN
4501 MONSERRATE ST.
CORAL GABLES, FL 33146

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ DELETE OTALVARO, C. FRANCISCO 4501 MONSERRATE ST. CORAL GABLES, FL 33146	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ DELETE OTALVARO, HORTENSIA M. 4501 MONSERRATE ST. CORAL GABLES, FL 33146	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ DELETE OTALVARO, C. NOE 4501 MONSERRATE ST. CORAL GABLES, FL 33146	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ DELETE OTALVARO, C. JUAN 4501 MONSERRATE ST. CORAL GABLES, FL 33146	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ DELETE OTALVARO, SONIA S. 4501 MONSERRATE ST. CORAL GABLES, FL 33146	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ☐ DELETE OTALVARO, C. ANTONIO 4501 MONSERRATE ST. CORAL GABLES, FL 33146	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP ☐ Change ☐ Addition

5/6/97

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14. I do 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 added in connection with an address.

SIGNATURE: _____ C. FRANCISCO OTALVARO 5/1/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

305-662-5763