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PROFIT CORPORATION ANNUAL REPORT

~~1997~~ 1998

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~~	~~5801 BIRD ROAD~~
~~MIAMI, FL 33155~~	~~MIAMI, FL 33155~~
~~US~~	~~US~~
7242 SW 42nd Terrace	Miami 33153

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 2/8/91	3a. Date of Last Report: 5/1/96
21	26	4. FEI Number: 65-0292769	Applied For / Not Applicable
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: XX Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OTALVARO, CARLOS JUAN 4501 MONSERRATE ST. CORAL GABLES, FL 33146	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 607.1500, 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: _____ (Registered Agent signature required when changing) DATE: 4/20/98

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

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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 the attachment with an address.

4/20/98

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

305-662-5963