

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90071 012 \*\*\*150.00

DOCUMENT # S30529

1. Corporation Name

VINTAGE ROLLS ROYCE LIMOUSINES OF CORAL GABLES,  
INC.

Principal Place of Business

7242 SW 42ND TERRACE  
MIAMI FL 33153  
US

Mailing Address

7242 SW 42ND TERRACE  
MIAMI FL 33153  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1991

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

65-0292769

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

OTALVARO, CARLOS JUAN  
4501 MONSERRATE STREET  
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

OTALVARO, CARLOS

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

83 5900 SW 41st Street

84 City

MIAMI

FL

85 Zip Code

33155

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME OTALVARO, C. FRANCISCO

STREET ADDRESS 4501 MONSERRATE ST.

CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☐ DELETE

NAME OTALVARO, HORTENSIA M.

STREET ADDRESS 4501 MONSERRATE ST.

CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☐ DELETE

NAME OTALVARO, C. NOE

STREET ADDRESS 4501 MONSERRATE ST.

CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☐ DELETE

NAME OTALVARO, C. JUAN

STREET ADDRESS 4501 MONSERRATE ST.

CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☐ DELETE

NAME OTALVAR, SONIA S.

STREET ADDRESS 4501 MONSERRATE ST.

CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☐ DELETE

NAME OTALVARO, C. ANTONIO

STREET ADDRESS 4501 MONSERRATE ST.

CITY-ST-ZIP CORAL GABLES FL 33146

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5900 SW. 41st Street  
MIAMI FL. 33155

5900 SW 41st St  
MIAMI, FL. 33155

5900 SW 41st St  
MIAMI, FL. 33155

5900 SW 41st St  
MIAMI, FL. 33155

5900 SW 41st St  
MIAMI FL 33155

5900 SW 41st St  
MIAMI, FL. 33155

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/99

CR2E034 (11/98)