

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

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DO MAY -3 PM 2:43

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

4. FEI Number

65-0292769

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

29 Zip

Country

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 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

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/00 4/25/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME OTALVARO, C. FRANCISCO Carlos

STREET ADDRESS 4501 MONSERRATE ST

CITY-ST-ZIP CORAL GABLES FL 33146

TITLE D ☒ DELETE

NAME OTALVARO, HORTENSIA M.

STREET ADDRESS 4501 MONSERRATE ST

CITY-ST-ZIP CORAL GABLES FL 33146

TITLE D ☒ DELETE

NAME OTALVARO, C. NOE

STREET ADDRESS 4501 MONSERRATE ST

CITY-ST-ZIP CORAL GABLES FL 33146

TITLE D ☒ DELETE

NAME OTALVARO, C. JUAN

STREET ADDRESS 4501 MONSERRATE ST

CITY-ST-ZIP CORAL GABLES FL 33146

TITLE D ☒ DELETE

NAME OTALVARO, SONIA S.

STREET ADDRESS 4501 MONSERRATE ST

CITY-ST-ZIP CORAL GABLES FL 33146

TITLE P ☒ 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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26-00 4/25/99