SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

CITY-ST-ZIP

appears in Block 12 or Block 13 if changed,

FILED AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Aug 07 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1997 DOCUMENT # \$73057 FLORIDA RENT A CAR. INC. Principal Place of Business Mailing Address 4121 N.W. 25TH STREET 4121 N.W. 25TH STREET MIAMI FL 33142-8725 MIAMI FL 33142-6725 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 08/14/1991 04/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0358958 21 26 Not Applicable 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 owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 24 25 30 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SYGMAN, FORREST 81 328 MINORCA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition DELETE Change TITLE 1.1 TITLE ROVIROSA, GUSTAVO A. NAME 1.2 NAME 4121 NW 25TH STREET STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33142** 1.4 CITY - ST - ZIP CITY-ST-ZIP מדצ DELETE Change Addition TITLE 2.1 TITLE ROVIROSA, LESLIE V. NAME 2.2 NAME 4121 NW 25TH STREET STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33142** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this tiling 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 roport of supplemental annual conditions that it 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 indicated on this corporation or indicated to execute this report as required by Chapter 607, Florida Statutes; and that my name

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