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

FILED
May 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1998**

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

DOCUMENT # **S84503** **(9)**

1. Corporation Name
**DEMO RENT-A-CAR,INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2373 NW LEJEUNE RD.<br>MIAMI FL 33142<br>US | 2373 NW LEJEUNE RD.<br>MIAMI FL 33142<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/03/1991

4. FEI Number: 65-0291756 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 1980 NW 42 AVE. | 26 1980 NW 42 AVE. |
| 22 Suite, Apt. #, etc. Demo Rent A Car | 27 Suite, Apt. #, etc. Demo Rent A Car |
| 23 City & State: MIAMI FL. | 28 City & State: MIAMI FL |
| 24 Zip 33126 25 Country USA. | 29 Zip 33126 30 Country USA |

9. Name and Address of Current Registered Agent
**LYN, RICKARDO A.**
**2373 NW LEJEUNE RD.**
**MIAMI FL 33142**

10. Name and Address of New Registered Agent

81 Name: LYN, RICKARDO A.
82 Street Address (P.O. Box Number is Not Acceptable): 1980 NW 42 AVE.
83 Demo Rent A Car
84 City: MIAMI FL 85 Zip Code: 33126

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] RICKARDO LYN 4/19/98
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | P | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | LYN, RICKARDO A. | | 1.2 NAME | |
| STREET ADDRESS | 661 NW 156 AVE | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PEMBROKE PINE FL | | 1.4 CITY-ST-ZIP | |
| TITLE | S | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | LYN, CHELETA D. | | 2.2 NAME | |
| STREET ADDRESS | 661 NW 156 AVE. | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PEMBROKE PINES FL | | 2.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

CR2E034 (10/97)

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.

**SIGNATURE:** [signature] 4/19/98 305 871-3500