

Amended #66125

APPROVED
AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # 584503

Corporation Name
Demo Rent A Car, Inc.



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

Principal Place of Business
1980 NW LeJuene Rd.
Miami, Florida 33126

Mailing Address
(SAME)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
October 3, 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 the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Rickardo A. Lyn
1980 NW 42nd Ave.
Miami, FL 33126

10. Name and Address of New Registered Agent
81 Name
Chris De Leon
82 Street Address (P.O. Box Number is Not Acceptable)
1980 NW LeJuene Road
83
84 City
Miami, FL 85 Zip Code
33126

I, 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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE President	☒ DELETE	1.1 TITLE President	☐ Change ☐ Addition
2. NAME Rickardo A. Lyn		1.2 NAME Chris De Leon	
3. STREET ADDRESS 661 N.W. 156 Avenue		1.3 STREET ADDRESS 2301 S.W. 139th Place	
4. CITY-STATE-ZIP Pembroke Pines, Florida		1.4 CITY-STATE-ZIP Miami, Florida 33175	
5. TITLE Treasurer	☒ DELETE	2.1 TITLE Treasurer	☒ Change ☐ Addition
6. NAME Rickardo A. Lyn		2.2 NAME Chris De Leon	
7. STREET ADDRESS 661 N.W. 156 Avenue		2.3 STREET ADDRESS 2301 S.W. 139th Place	
8. CITY-STATE-ZIP Pembroke Pines, Florida		2.4 CITY-STATE-ZIP Miami, Florida 33175	
9. TITLE	☐ DELETE	3.1 TITLE	
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
13. TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
17. TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
21. TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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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 11/3/99

Daytime Phone # 305-871-3500

CR2E034 (11/98)