

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **502296** (7)
1. Corporation Name
INTERAMERICAN CAR RENTAL, INC.

Principal Place of Business: **1790 N.W. LEJEUNE RD. MIAMI FL 33126**
Mailing Address: **1790 N.W. LEJEUNE RD. MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **04/30/1976** 3a. Date of Last Report: **02/08/1994**
4. FEI Number: **59-1685935** 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 has liability for intangible tax under C. 190.030 Florida Statutes: Yes No

2. Principal Place of Business: 2a. Mailing Address:
21. Suite, Apt. # etc.: 26. Suite, Apt. # etc.:
22. City & State: 27. City & State:
23. City & State: 28. City & State:
24. City & State: 25. City & State: 29. City & State: 30. City & State:

9. Name and Address of Current Registered Agent
**FERDIE, AINSLEE R.
717 PONCE DE LEON BLVD.
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. City: **FL** 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: _____ (Signature of Registered Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS
111. NAME: **SD WILDSTEIN, DIANE**
112. STREET ADDRESS: **1790 N. W. LEJEUNE ROAD**
113. CITY, ST, ZIP: **MIAMI, FL 33126**
114. NAME: **PD WILDSTEIN, LARRY**
115. STREET ADDRESS: **1790 N. W. LEJEUNE ROAD**
116. CITY, ST, ZIP: **MIAMI, FL 33156**
117. NAME: **V BYRD, RICK**
118. STREET ADDRESS: **3977 NW 25TH ST**
119. CITY, ST, ZIP: **MIAMI FL**
120. NAME: **Y KUPPERMAN, JOEL**
121. STREET ADDRESS: **% 1790 N.W. LEJEUNE RD.**
122. CITY, ST, ZIP: **MIAMI FL**
123. NAME:
124. STREET ADDRESS:
125. CITY, ST, ZIP:
126. NAME:
127. STREET ADDRESS:
128. CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12
111. NAME: Change Addition
112. STREET ADDRESS:
113. CITY, ST, ZIP:
114. NAME: Change Addition
115. STREET ADDRESS:
116. CITY, ST, ZIP:
117. NAME: Change Addition
118. STREET ADDRESS:
119. CITY, ST, ZIP:
120. NAME: Change Addition
121. STREET ADDRESS:
122. CITY, ST, ZIP:
123. NAME: Change Addition
124. STREET ADDRESS:
125. CITY, ST, ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(B), 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JOEL KUPPERMAN - TREAS** 4/29/95
DATE: _____