

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
 Jan 29 1996 8:00 am
 Secretary of State

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**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/30/1976	3a. Date of Last Report 05/01/1995
21	Subs., Apt. #, etc.	26	Subs., Apt. #, etc.	4. FEI Number 59-1685935	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FERDIE, AINSLEE R. 717 PONCE DE LEON BLVD. CORAL GABLES FL 33134				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City
				FL	B5 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD	WILDSTEIN, DIANE	12. NAME	
STREET ADDRESS	1790 N. W. LEJEUNE ROAD	13. STREET ADDRESS	
CITY, ST, ZIP	MIAMI, FL 33126	14. CITY, ST, ZIP	
TITLE	NAME	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	WILDSTEIN, LARRY	22. NAME	
STREET ADDRESS	1790 N. W. LEJEUNE ROAD	23. STREET ADDRESS	
CITY, ST, ZIP	MIAMI, FL 33156	24. CITY, ST, ZIP	
TITLE	NAME	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V	BYRD, RICK	32. NAME	
STREET ADDRESS	3977 NW 25TH ST	33. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	34. CITY, ST, ZIP	
TITLE	NAME	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T	KUPPERMAN, JOEL	42. NAME	
STREET ADDRESS	% 1790 N.W. LEJEUNE RD.	43. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	44. CITY, ST, ZIP	
TITLE	NAME	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		52. NAME	
		53. STREET ADDRESS	
		54. CITY, ST, ZIP	
TITLE	NAME	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62. NAME	
		63. STREET ADDRESS	
		64. 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)(k), 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 amendment with an address.

SIGNATURE: Joel Kupperman - **JOEL KUPPERMAN** 1/12/96 305-871-3030
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (12/95)