

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G40885** (7)
1. Corporation Name
NOVA CAB CO.



Principal Place of Business: **2211 N W 22ND COURT P O BOX 421421 MIAMI FL 33142**
Mailing Address: **2211 N W 22ND COURT P O BOX 421421 MIAMI FL 33142**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **05/24/1983**
3a. Date of Last Report: **04/24/1995**
4. FEI Number: **65-0129178**
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 s. 199.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**VAZQUEZ, HIGINIO
2211 N.W. 22ND COURT
MIAMI FL 33142**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0102 and 607.0103, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0102, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VAZQUEZ, HIGINIO	
STREET ADDRESS	943 SW 9TH AVE.	
CITY-ST- ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VAZQUEZ, ELIZA	
STREET ADDRESS	943 SW 9TH AVE.	
CITY-ST- ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	VAZQUEZ, CARLOS A.	
STREET ADDRESS	943 SW 9TH AVE.	
CITY-ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY- ST- ZIP	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2.5. STREET ADDRESS	
2.4. CITY- ST- ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3.5. STREET ADDRESS	
3.4. CITY- ST- ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4.5. STREET ADDRESS	
4.4. CITY- ST- ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5.5. STREET ADDRESS	
5.4. CITY- ST- ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6.5. STREET ADDRESS	
6.4. CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is true, correct and complete, for the exemptions stated in Section 119.071(9)(c), 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 a person or trustee in possession of power 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: *H. Vazquez* H. VAZQUEZ 4856 205 633-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)