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Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15276 (1)

1. Corporation Name

SOUTH FLORIDA TAXICAB ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O GILBERTO HERNANDEZ
851 E. 16TH PLACE
HIALEAH FL 33010
USC/O GILBERTO HERNANDEZ
851 E. 16TH PLACE
HIALEAH FL 33010-3347
US3. Date Incorporated or Qualified
06/04/19863a. Date of Last Report
05/31/1996

4. FEI Number

59-2692746

Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
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 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERNANDEZ, GILBERTO
851 E. 16TH PLACE
HIALEAH FL 33010

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed 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 STD ☐ DELETE
NAME SOHIL, ANWAR
STREET ADDRESS 3775 NW 36 ST.
CITY-ST-ZIP MIAMI FLTITLE D ☐ DELETE
NAME DIEGO, FELICIANO
STREET ADDRESS 5507 FILLMORE STREET
CITY-ST-ZIP HOLLYWOOD FLTITLE VD ☐ DELETE
NAME HERNANDEZ, GILBERTO
STREET ADDRESS 851 E. 16TH PLACE
CITY-ST-ZIP HIALEAH FLTITLE D ☐ DELETE
NAME SCHLOSSBERG, JEROME
STREET ADDRESS 871 NE 160 TERRACE
CITY-ST-ZIP N MIAMI BEACH FLTITLE PD ☐ DELETE
NAME ZALIA, MORRIS
STREET ADDRESS 2441 NE 201ST ST
CITY-ST-ZIP MIAMI BEACH FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0022762

CR2E037 (9/96)