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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000083043

1. Corporation Name

RIO TAXI SERVICE, INC.

21 26 65-0713909	
STE 806 MIAMI FL 33136 STE 806 MIAMI FL 33136 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 65-0713909	Autol
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21 26 65-0713909	A - C - I Francis
	Applied For
	Not Applicable
	5 Additional
22 27 Fee	Required
	0 May Be
23 Trust Fund Contribution Adde	ed to Fees
Zip Country Zip Country 8, This corporation owes the current year Intargible	F715.1
24 25 29 30 Personal Property Tax. Yes	□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
SANTANA, ANTONIO	1
800 NO MIAMI AVENUE 82 Street Address (P.O. Box Number is Not Acceptable)	
OTT 000	
STE 806	ŀ
MIAMI FL 33136 84 City 85 Zi	ip 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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	its registered
	registered
I SIGNATIDE	registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	registered
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14. 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.

6.4 CITY-ST-ZIP

SIGNATURE: