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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 583973 (3)

1. Corporation Name
METER CAB, INC.

Principal Place of Business
3260 N.W. 45TH STREET
MIAMI FL 33142-4239

Mailing Address
3260 N.W. 45TH STREET
MIAMI FL 33142-4239

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/31/1978
3a. Date of Last Report 03/18/1994

4. FEI Number 59-1983391
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 S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 4646 N.W. 17th Ave
Suite, Apt. #, etc.

22 City & State
23 MIAMI, FL

24 Zip 33142
25 Country USA

2a. Mailing Address
26 Suite, Apt. #, etc.

27 City & State

28 Zip
29 Country

9. Name and Address of Current Registered Agent

JOHNSON, ERNEST
3260 N.W. 45TH ST
MIAMI FL 33142

10. Name and Address of New Registered Agent

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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	JOHNSON, ERNEST	3260 NW 45TH ST	MIAMI FL
V	WESTON, CURTIS	1650 NW 2ND AVE.	MIAMI FL
S	JOHNSON, CHANDRA	3260 NW 45TH ST	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY-ST-ZIP</td> <td>Change</td> <td>Addition</td>	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
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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 110.07(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 attachment with an address.

SIGNATURE: Ernest Johnson ERNEST JOHNSON 2-27-95 734-2657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature/Block 4