## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 647981

METRO CAB, INC.

Principal Place of Business

(0)

Mailing Address

## FILED May 07 1997 8:00am Secretary of State



1995 N E 142ND ST MIAMI FL 33181-1505		1995 N E 142ND ST MIAMI FL 33181-1505					
					3. Date Incorporated or Qualified 12/12/1979	3a. Date of Last F 04/26/1996	Report
	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	IA	pplied For
21		26			NOT APPLICABLE		ot Applicable
Suite, Apt. #, etc.		Surte, Apt. #, etc.				\$9.75	Additional
22		[27]	[27]		5. Certificate of Status Desired	4	equired
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28	28		Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Count	гу	8. This corporation has liability for i	ntangible tax under s	s. 199.032,
24	25 29 30		30				
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Re	gistered Agent	
	BER, SIGMUND		8	1 Name			
	5 NORTHEAST 142ND STREE	ET	8	2 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
MIA	MI FL 33/61						
			8	3			
			8	4 Cilv	· · · · · · · · · · · · · · · · · · ·	log 2	0-4-
				1		FL  85   Zip	Code 3/87
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Sta	tutes, the abo	ve named corp	poration submits this statement for the p	urpage of changing	to togiclosori
agent. I a	registered agent, or both, in the S am familiar with, and accept the o	tale of Florida. Such change wa bligations of, Section 607.0505.	is authorized : Florida Statut	by the corporations.	tion's board of directors. I hereby accep	t the appointment as	registered
SIGNATURE	•	,,					
SIGNATORE	Signature, typed or printed name of registess	diagent and title il applicative (N	IOTE Hegistered A	gont signature requi	rred when reinstating)	DA1E	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12
TITLE	VP	☐ DELETE	1.5 1111.0	5	>	Change Change	Addition
NAME	STEINBERG, EDWARD		1.2 NAM	:			Ì
STREET ADDRESS	1995 NE 142ND ST		1.3 STRE	E1 ADDRESS			İ
CITY-ST-ZIP	N MIAMI, FL 00000	· · · · · · · · · · · · · · · · · ·	1,4 0(1)	· \$1 - ZIP			
TITLE	P8	☐ DLTE1 <del>E</del>	2.1 101,6		<b>3</b> T	Change	Addition
NAME	ZILBER, SIGMUND		2.2 NAM	:	•		
STREET ADDRESS	1995 NE 142ND ST		2.3 STRE	FT ADDRESS			
CITY-ST-ZIP	N MIAMI, FL 00000		2.4 CITY	· S1 ZIP			
TITLE		☐ DELETE	3.1 TITLE	P	0 - 21	☐ Change	Addition
NAME			3.2 NAMI	m	arin Zilber		
STREET ADDRESS			3.3.S1RE	ET ADDRESS   1 G	195 NE146 51		
CITY-ST-ZIP			34 OIIY	-ST-ZIP	arfin Zilber 195 NE142 St 1.MIAMI FL 33181		
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4-2 NAM	1			
STREET ADDRESS			4 3 STRE	T ADDRESS			
CITY-ST-ZIP			4.4.0:1Y-	\$1 - <b>7</b> IP			
TITLE		DELETE	5.1 TH (F			Change	Addition
NAME			5 2 NAM			·	
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			5.4 CHY				
TITLE	******	DELETE	611111			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS				LADORESS			
CITY-ST-ZIP			1				
OILL DITZIF			6.4 Cily	91 · ZII.			

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 trusted exposures 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 attackment with an address.

4/29/91

SULLYUDE