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 # F65657

(1)

YELLOW DIAMOND CAB CORP.

FILED Apr 02 1997 8:00am Secretary of State



Timotpe: Tie	ice of Business	Mailing Arte	dress					-	kağıt Bratt Afg	ite Bibat Attel	alāli ieši
3620 NW 22 / MIAMI FL 331	AVE	3620 NW 22	Mailing Address 3620 NW 22 AVE MIAMI FL 33142-8305								
US	176	ÜS						3. Date Incorporated or Qualified 02/02/1982		of Last F 6/1996	eport
	Place of Business	2a. Mailing	Address					4. FEI Number	<u> </u>	A	oplied For
21		26						65-0090349			ot Applicable
Suite, Apt 22		27	pt. #, etc.					5. Certificate of Status Desired		\$8.75 Fee R	Additional equired
City & Sta	ate	City & S	State					8. Election Campaign Financing	_		May Be
23 Zip	Country	28 Zip		T 6	ountry			Trust Fund Contribution	Ц		to Fees
24	25	29		30	ountry	,		8. This corporation has liability for in Florida Statutes	ntangible ti Yes 🔲		. 199.032,
<u> </u>	9. Name and Address of Cu		ent	100	7			10. Name and Address of New Res			
ΑV	RACH, STEPHEN J.				81	Nam	e				
	00 NW 109 AVE				82	Stro	t Addra	ss (P.O. Box Number is Not Acceptab	io)		
	AMI FL 33172				102	Siles	it Mudie	#5 (F.O. BOX NUMBER'S NOT ACCEPTED	Ю		
					83						
					84	City				85 Zip	Code
					••	City		* * * * * * * * * * * * * * * * * * *	FL	163 Zip	Loue
11. Pursoan	it to the provisions of Sections 607	7.0502 and 607.1508,	Florida Statu	tes, the	abov	e-name	d corpo	ration submits this statement for the p	urpose of c	hanging i	is registered
office or agent. I	rregistered agent, or both, in the t am familiar with, and accept the c	State of Florida. Such obligations of, Section	change was 1607.0505, F	authoriz Iorida S	zed by tatute	y the co s.	orporatii	ration submits this statement for the p on's board of directors. I hereby accep	t the appo	intment as	registered
SIGNATURE											
SIGNATORE	Sign cive travel or printed name of register	ed agent and title it applicable	CN)	TE Registe	red Age	ent signat	ие георија	d when reinstating)	DATE		
12.		S AND DIRECTORS		1	3.			ADDITIONS/CHANGES TO OFFICE			
TITLE	P\$		DELETE	1.1	TITLE				Ĺ	Change	Addition
NAM	GONZALEZ, RODOLFO			1.2	NAME						
STREET ADDRESS	1			1.3	STREE	ADDRES	3				
C(TY - ST - 7)P	MIAMI FL			1.4	CITY-5	ST-ZIP					
TITLE	VPT		DELETE	2.1	TITLE		1]	Change	Additio
	GONZALEZ, RUDY		DELETE		TITLE NAME					Change	Addition
TITLE	GONZALEZ, RUDY 3620 NW 22 AVE		DELETE	2.2	NAME	T ADDRES				Change	Additio
TITLE NAME STREET ADDRESS CITY: ST-ZIF	GONZALEZ, RUDY			2.2 2.3 2.	NAME STREET		5				
TITLE NAME STREET ADDRESS	GONZALEZ, RUDY 3620 NW 22 AVE		DELETE	2.2 2.3 2.	NAME STREET		5			Change Change	
TITLE NAME STREET ADDRESS CITY: ST-ZIF	GONZALEZ, RUDY 3620 NW 22 AVE			2.2 2.3 2.	NAME STREET						
TITLE NAME STREET ADDRESS GITY: ST-ZIE TITLE	GONZALEZ, RUDY 3620 NW 22 AVE MIAMI FL			2.2 2.3 2.3 3.1 3.2	NAME STREET CITY- TITLE NAME						
NITE NAME STREET ADDRESS CITY - ST-ZIF TITE NAME STREET ADDRESS CHY-ST-ZIF	GONZALEZ, RUDY 3620 NW 22 AVE MIAMI FL		DELETE	2.2 2.3 3.1 3.2 3.3 3.4	NAME I STREET I CITY- TITLE NAME I STREET	ST-ZIP			[Change	Addilion
TITLE NAME STREET ADDRESS CITY: \$1-20° TITLE NAME STREET ADDRESS CITY: \$1 ZP TITLE	GONZALEZ, RUDY 3620 NW 22 AVE MIAMI FL			2.2 2.3 3.1 3.2 3.3 3.4 4.1	NAME STREET GUTY- TITLE NAME STREET LCITY- TITLE	ST-ZIP Faddres ST-ZIP			[Addilion
TITLE NAME STREET ADDRESS CITY: ST-20F TITLE NAME STREET ADDRESS CITY: ST-20F TITLE NAME	GONZALEZ, RUDY 3620 NW 22 AVE MIAMI FL		DELETE	2.2 2.3 3.1 3.2 3.3 4.1 4.1	NAME STREET CITY- TITLE NAME STREET CITY- TITLE NAME	ST-ZIP Faddres ST-ZIP			[Change	Addilion
TITLE NAME STREET ADDRESS CITY: ST-20° TITLE NAME STREET ADDRESS CITY: ST-22° TITLE NAME STREET ADDRESS	GONZALEZ, RUDY 3620 NW 22 AVE MIAMI FL		DELETE	222 23 2. 3.1 3.2 3.3 3.4 4.1 4.4	NAME STREET CITY- TITLE STREET CITY- TITLE NAME NAME STREET	ST-ZIP Fadores ST-ZIP Fadores			[Change	Addilion
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Too indexity certify that the information supplied with this inlining does not quality for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this 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 (15) changed, or on an attachment with an address.

SIGNATURE:

(305)634-1111

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