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Mar 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F72047

(6)

1. Corporation Name

AIRPORT CAB RESTAURANT, INC.

Principal Place of Business

2500 S.W. 80TH AVENUE
MIAMI FL 33155

Mailing Address

2500 S.W. 80TH AVENUE
MIAMI FL 33155-2551

3. Date Incorporated or Qualified
03/17/1982

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-1667830

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

9. Name and Address of Current Registered Agent

MACHIN, JOSEFA
2500 S.W. 80TH AVENUE
MIAMI FL 33155

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE ~~SB - President / Director~~ ☐ DELETE
12 NAME MACHIN, JOSEFA
13 STREET ADDRESS 2500 SW 80TH AVENUE
14 CITY-ST-ZIP MIAMI FL

21 TITLE PD ☒ DELETE
22 NAME GONZALEZ, NOSE M.
23 STREET ADDRESS 2435 SW 82 AVENUE
24 CITY-ST-ZIP MIAMI FL

31 TITLE ~~JD - SECRETARY / DIRECTOR~~ ☐ DELETE
32 NAME GONZALEZ, TERESA
33 STREET ADDRESS 2435 SW 82 AVENUE
34 CITY-ST-ZIP MIAMI FL

41 TITLE ☐ DELETE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ DELETE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ DELETE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE:

Josefa Machin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President
DIRECTOR

3/30/97 (305) 871-3065

Date

Daytime Phone

0210851

CR2E034 (9/96)