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 # F99558

(1)

GIMI TAXI CORP.

ann non oom		
Principal Place of Business	Mailing Address	
% 1849 S. OCEAN DR #401 HALLANDALE FL 33009	% 1849 S. OCEAN DR #401 HALLANDALE FL 33009	

FILED Apr 28 1997 8:00am Secretary of State



% 1849 S. OCEAN DR #401 HALLANDALE FL 33009		% 1849 S. OCEAN DR #401 HALLANDALE FL 33009								
						Date Incorporated or Qualified 09/10/1982	1	e of Last 1/1996	Report	
2. Principal Pla	ace of Business	2a, Mailing Address				4. FEI Number		A	pplied For	
21		26				59-2261161			lot Applicable	
Suite, Apt #, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired	S8.75 Additional Fee Required			
City & State	3	City & State	 			Election Campaign Financing Trust Fund Contribution	ng \$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	9. Name and Address of Cur	rent Registered Agent			·····	10. Name and Address of New Re	pistered A	gent		
LEV!	n, gidalyahu			81	Name					
1849 S. OCEAN DR. APT. 401 HALLANDALE FL 33009				82	Street Add	dress (P.O. Box Number is Not Acceptable)				
T IF VE			•	83						
				84	City		FL	85 Zig	Code	
office or re agent if ar	io the provisions of Sections 607.6 egislered agent, or both, in the St m familiar with, and accept the of	rate of Florida. Such change w	as authoriza	d by	/ the corpora	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of the appo	changing iniment a	its registered s registered	
SIGNATURE .	Signature, typed or printed name of registered	Lagent and title Lapp-icable.	(NOTE: Registere	d Age	ent algnature requ	ked when reinstating)	DATE			
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
1:ILE	S	☐ DELETE	1.1 T	TLE				L Change	Addition	
NAME	LEVIN, MIRIAM		1.2 N	AME						
STREET ACORESS	1849 S OCEAN DR #401		TREET	ADDRESS						
CITY-ST-ZIP	HALLANDALE FL		1.4 0	ITY-S	IT-ZIP					
Title	P DELETE 2.1 TI		TLE				Change	Addition		
NAMÉ	LEVIN, GIDALYAHU 22N		AME							
STREET ADDRESS	1849 S OCEAN DR #401 23S			TREET	ADDRESS					
GHY-ST-Za:				ITY-	ST-ZIP					
THE		DELETE	3.1 Tt	TLE				Change	Addition	
NAME			3.2 N	AME					ļ	
STREET ADDRESS					ADDRESS					
Crity - S1 - ZF		T or eve			ST-ZIP			Channe	Addition	
TIDLE		☐ DELETE	4.1 Ti					Change	☐ Addition	
NAME			4. 2 N							
STREET ADDRESS					ADDRESS					
CHY - S1 - 71P		DELETE			ST-ZIP			Change	Addition	
TITLE		ריין הנרניננ						min near the		
KAM:			5.2 N							
STREET ADDRESS					ADDRESS					
CITY+ST-ZIP		DELETE			ST-ZIP			Change	Addition	
THE		I'''I DETELE						Print Cultural Ac	L AUGUOU	
NAME			6.2 N		LIBBRES				j	
STREET ADDRESS					ADDRESS					
CiTY+ST+7IP			6.4 C	ITY - §	ST-ZIP					

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 reports 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 comporation of the required or trustee endowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed by on an attachment with an address.

SIGNATURE

HE AND TYPES OR PRINTED NAME OF MONING OFFICER OR DIRECTOR

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