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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G10383

1. Corporation Name

R & J CABS, INC.

FILED Feb 12, 1999 8:00am **Secretary of State**

02-12-1999 90025 037 ***150.00



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,	e of Business	Mailing Address							
17500 N MAY RD #403 N. MIAMI BCH. FL 33131		17500 N MAY RD #403							
N. MIAMI BCH.	. FL 33131	N. MIAMI BCH. FL 33131			DO NOT WR	ITE IN TUIC	CDACE		
							SFACE		ו
					 Date Incorporated or Qualified 10/29/1982 				
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Α	pplied For	1
21		26			59- 2358312			lot Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75	Additional	1
22		27			5. Certifcate of Status Desired			Required	
City & Stat	te .	City & State			6. Election Campaign Financing) May Be	
¬ `		<u></u>			Trust Fund Contribution			I to Fees	Ì
23		Zip	Countr					iu rees	┨
Zip	Country	⊢ ′ ⊢	_	У	8. This corporation owes the cur	rent year Inta		Пи-	ı
24	25		10		Personal Property Tax.		∐ Yes	□No	1
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered /	Agent		1
VE	TAL JOSEPH		8	1 Name					
	TAI, JOSEPH		8:	2 Street Addr	ess (P.O. Box Number is Not Accept	able)			┨
175	00 NORTH BAY ROAD APT #403		"	Street Addit	41 West A West 4 Fig.	•	and section and		ı
N. N	VIAMI BCH. FL 33160		8:	3	1 0 1 10 TE 10 TE	N 24 16 2.44 6	関係制御	C198 8681 145.	1
					经验证额 医透影 的	鐵問程於	\$11000	40 20 30	ı
			84	4 City		FL	85 Zip		
11 Pursuant	to the provisions of Sections 607.0502	and 607 1508. Florida Statutes	the abo	ve-named corp	oration submits this statement for the	purpose of	changing it	s registered	4
	registered agent, or both, in the State of am familiar with, and accept the obligati	of Florida. Such change was aut	horized b	v the corporatio	on's board of directors. I hereby acce	pt the appoir	ntment as r	egistered	1
office or r				,					
office or r agent. I a		ions of Section 607.0505, Florid	da Statute	S.		1. 31	_09	,	
office or r agent. I a SIGNATURE	= os oly W	ethal				1-21	-99		
office of r agent. I a SIGNATURE	Signature, typed or printed harne of registered agent	and title if applicable. (NOTE: R	tegistered Ag		d when reinstating)	DATE	-91		
office or r agent. I a SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: R	tegistered Ag	ent signature required	d when reinstating) デービスと ADDITIONS/CHANGES TO OF	DATE	D DIRECT	ORS IN 12	1001
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14. I 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, with all other like empowered.

1-22-99 305 931-7506