SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 10:13

DOCUMENT # **G62404** **(0)**

1. Corporation Name
TAXICAB 1764, INC.

Principal Place of Business	Mailing Address
TAXICAB #1764. INC. 3636 N.W. 22ND AVE. MIAMI FL 33142	TAXICAB #1764. INC. 3636 N.W. 22ND AVE. MIAMI FL 33142

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/09/1983	3a. Date of Last Report: 03/30/1994
4. FEI Number: 11-2651502	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LORENZO, MANUEL 3642 N.W. 22ND AVE. MIAMI FL 33142	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, ETC.	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	AQUINO, JUAN ORIOL	12 NAME	
STREET ADDRESS	3636 NW 22ND. AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	14 CITY-ST-ZIP	
TITLE	VPS	21 TITLE	☐ Change ☐ Addition
NAME	AQUINO, ESTRELLA	22 NAME	
STREET ADDRESS	3636 NW 22ND. AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Juan O Aquino 6/16/95 718-858-9121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0046784 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G62725** **(8)**

1. Corporation Name
A.F. BEST SECURITIES, INC.

Principal Place of Business	Mailing Address
3111 UNIVERSITY DR. SUITE 625 CORAL SPRINGS FL 33065	3111 UNIVERSITY DR. SUITE 625 CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1983
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-2325576 ☐ 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

APPELBAUM, ALAN Z.
8195 NW 47TH DRIVE
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent

81 Name: SOUTH FLORIDA REGISTERED AGENTS, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 200 EAST LAS OLAS BLVD., SUITE 1900
83
84 City: FORT LAUDERDALE, FL 85 Zip Code: 33301

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. SOUTH FLORIDA REGISTERED AGENTS, INC.

SIGNATURE BY: Beverly L. Bryan PRESIDENT JUNE 14, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	11 TITLE	V	☐ Change ☒ Addition
NAME	APPELBAUM, ALAN Z.	12 NAME	MOLINARI, JEFFREY T.	
STREET ADDRESS	8195 NW 47 DR.	13 STREET ADDRESS	7100 Cutter Court	
CITY-ST-ZIP	CORAL SPRINGS FL	14 CITY-ST-ZIP	Parkland, FL 33067	
TITLE	VSD	21 TITLE	V	☐ Change ☒ Addition
NAME	CLANCY, SEAN M.	22 NAME	LEE, GAIL A.	
STREET ADDRESS	211 BALCROSS DR.	23 STREET ADDRESS	7220 W. Cypress Head Drive	
CITY-ST-ZIP	BAL HARBOUR FL	24 CITY-ST-ZIP	Parkland, FL 33067	
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	SCHWARTZ, STEPHEN R.	32 NAME		
STREET ADDRESS	5000 CLEVELAND ST.	33 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	34 CITY-ST-ZIP		
TITLE	VT	41 TITLE		☐ Change ☐ Addition
NAME	ROSA, DENNIS J	42 NAME		
STREET ADDRESS	9740 NW 48TH DR	43 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	44 CITY-ST-ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	TABATCHNICK, BRUCE J.	52 NAME		
STREET ADDRESS	4787 NW 67TH AVENUE	53 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33319	54 CITY-ST-ZIP		
TITLE	V	61 TITLE		☐ Change ☐ Addition
NAME	~~HARRIS, ROBERT~~	62 NAME		
STREET ADDRESS	~~11690 NW 19TH DR~~	63 STREET ADDRESS		
CITY-ST-ZIP	~~CORAL SPRINGS FL~~	64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 6/16/95 (305) 785-4944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028276 CF