

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G62405** (7)

1. Corporation Name

**TAXI MANAGEMENT, INC.**



Principal Place of Business

Mailing Address

~~3642 N.W. 22ND AVE.~~  
~~3622 SW 22ND TERR.~~  
~~MIAMI FL 33145-3006~~

~~3642 N.W. 22ND AVE.~~  
~~3622 SW 22ND TERR.~~  
~~MIAMI FL 33145-3006~~

**C/O Vicente Medina**

**C/O Vicente Medina**

2. Principal Place of Business

2a. Mailing Address

21. **3642 N.W. 22nd Ave.**

26. **3642 N.W. 22nd Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

27. City & State

23. **Miami, Fl.**

28. **Miami, Fl.**

Zip

Country

Zip

Country

24. **33142**

25. **U.S.A.**

29. **33142**

30. **U.S.A.**

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 **Gilberto Hernandez**

82. Street Address (P.O. Box Number is Not Acceptable)  
**3642 N.W. 22nd Ave.**

83.

84. City **Miami**

**FL**

85. **33142**

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 of officer or director of registered agent and title if applicable

**Gilberto Hernandez**

2-2-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD**  
STREET ADDRESS **AQUINO, JUAN ORIOL**  
CITY-ST-ZIP **112 COURT ST**  
**BROOKLYN, NY 00000**

TITLE ☐ DELETE

NAME **VTD**  
STREET ADDRESS **AQUINO, ESTRELLA**  
CITY-ST-ZIP **112 COURT ST.**  
**BROOKLYN NY**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 Oriol Aquino**

2-2-96

305 638 9641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)