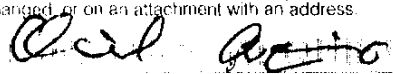


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 19 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 # G62406 (5)			
1. Corporation Name TAXICAB 1443, INC.			
Principal Place of Business VICENTE MEDINA 3642 N.W. 22ND AVE. MIAMI FL 33142 US		Mailing Address VICENTE MEDINA 3642 N.W. 22ND AVE. MIAMI FL 33142-8305 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite Apt. #, etc.	26	Suite Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent HERNANDEZ, GILBERTO 3642 N.W. 22ND AVE. MIAMI FL 33142		3. Date Incorporated or Qualified 09/09/1983	
		3a. Date of Last Report 03/04/1996	
		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	
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 _____ (NOTE: Registered Agent signature required when reinstating)			
DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PD	☐ DELETE	
NAME	AQUINO, JUAN ORIOL		
STREET ADDRESS	122 COURT ST		
CITY - ST - ZIP	BROOKLYN, NY 00000		
TITLE	VTD	☐ DELETE	
NAME	AQUINO, ESTRELLA		
STREET ADDRESS	122 COURT ST		
CITY - ST - ZIP	BROOKLYN, NY 00000		
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		☐ Change ☐ Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		☐ Change ☐ Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		☐ Change ☐ Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		☐ Change ☐ Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		☐ Change ☐ Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		☐ Change ☐ Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			
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: 		ORIOL AQUINO Pres. 3-13-97 305 638 9641	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Day and Phone # _____	

CR2E034 (9/96)