

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 # **G62408** (1)

1. Corporation Name

**TAXICAB 862, INC.**

Principal Place of Business

Mailing Address

~~C/O MANUEL LORENZO~~

3642 N.W. 22ND AVE.  
MIAMI FL 33142-8305

Vicente Medina

~~C/O MANUEL LORENZO~~

3642 N.W. 22ND AVE.  
MIAMI FL 33142-8305

Vicente Medina



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	09/09/1983	03/16/1995
22. City & State	27. City & State	4. FEI Number	Applied For Not Applicable
23. Zip	28. Zip	11-2651502	
24. Country	29. Country	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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~LORENZO, MANUEL~~

3642 N.W. 2ND AVE.  
MIAMI FL 33142

81. Name	Giberto Hernandez
82. Street Address (P.O. Box Number is Not Acceptable)	3642 N.W. 22nd Ave.
83. City	Miami
84. Zip Code	FL 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Gilberto Hernandez

February 2, 1996

Signature, typed or printed name of registered agent and true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	AQUINO, JUAN ORIOL	1.2 NAME	
STREET ADDRESS	112 COURT ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKLYN, NY 00000	1.4 CITY - ST - ZIP	
TITLE	VTD	2.1 TITLE	
NAME	AQUINO, ESTRELLA	2.2 NAME	
STREET ADDRESS	112 COURT ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKLYN, NY 00000	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 O Aquino*

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)