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FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # G62409 (9)
1. Corporation Name
TAXICAB 11, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business VINCENTE MEDINA 3642 N.W. 22ND AVE. MIAMI FL 33142 US		Mailing Address VICENTE MEDINA 3642 N.W. 22ND AVE. MIAMI FL 33142 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 09/09/1983	
22 City & State	27 City & State	4. FEI Number 11-2651502	
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30	
9. Name and Address of Current Registered Agent HERNANDEZ, GILBERTO 3642 N.W. 22ND AVE. MIAMI FL 33142		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 FL		86 Zip Code 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 *GILBERTO HERNANDEZ R.A.* DATE *2/6/98*

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 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: *Estrella Aquino* DATE: *2-10-98* *718-858-9121*

CR2E034 (10/97)