

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

COOPERATION
ANNUAL REPORT
1995



DEPARTMENT OF REVENUE
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
CORPORATIONS

95 MAY -1 AM 11:44

DOCUMENT # **H07876**

(6)

METRO TAXI, INC.

1995 N.E. 142ND ST
N. MIAMI FL 33181

1995 N.E. 142ND ST
N. MIAMI FL 33181

DOCUMENT TYPE: TRANSFER

3. Date of Incorporation (or Equivalency)		3a. Date of Last Report	
06/14/1984		04/28/1994	
2. Filing Period	2a. Filing Period	4. Filing Method	Applied For
21	26	NOT APPLICABLE	Not Applicable
22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Fund Fees Contribution	\$5.00 May Be Added to Fees
24	29	30	8. Does corporation have liability for enterprise tax under Section 218.001, Florida Statutes

9. Name and Address of Current Registered Agent

ZILBER, SIGMUND
1995 N.E. 142ND ST.
N. MIAMI FL 33181

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number, Not Applicable)	
83. City	
84. State	FL
85. Zip Code	

11. I, the undersigned, as the duly authorized officer of the corporation, hereby certify that the information furnished herein is true and correct, and that the corporation is in compliance with the provisions of the laws of the State of Florida relating to the filing of this report, and that the corporation is in compliance with the provisions of the laws of the State of Florida relating to the filing of this report, and that the corporation is in compliance with the provisions of the laws of the State of Florida relating to the filing of this report.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OWNERS, STOCKHOLDERS, PARTNERS, MEMBERS	
NAME	SDP ZILBER, SIGMUND 1995 N.E. 142ND ST. NORTH MIAMI FL	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	

14. I, the undersigned, certify that the information required with this filing is true and correct, and that I am duly qualified to file this report, and that the corporation is in compliance with the provisions of the laws of the State of Florida relating to the filing of this report, and that the corporation is in compliance with the provisions of the laws of the State of Florida relating to the filing of this report, and that the corporation is in compliance with the provisions of the laws of the State of Florida relating to the filing of this report.

SIGNATURE: *Sigmund Zilber*
SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR