FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 JUN 16 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H83923** **(3)**

1. Corporation Name

PARADISE CAB, INC.

Principal Place of Business	Mailing Address
~~401 N.E. 62 STREET~~ ~~MIAMI FL 33138~~	~~401 N.E. 62 STREET~~ ~~MIAMI FL 33138~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/05/1985	09/02/1994

2. Principal Place of Business 21 8340 NE 2 Ave	2a. Mailing Address 26 Same	4. FEI Number 65-0059433	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc 22 Suite 217	Suite, Apt. #, etc 27	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
City & State 23 MIAMI FL	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 33138 25 Dade	Zip / Country 29 30	8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MEUS, POWER, I ~~401 N.E. 62 STREET~~ ~~MIAMI FL 33138~~	81 Name: POWER MEUS, I. 82 Street Address (P.O. Box Number is Not Acceptable): 8340 N.E. 2nd 83 84 City: FL 85 Zip Code: 3388

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☒ Change ☐ Addition
NAME	MCPHEE, JETTA	12 NAME	Jetta McPhee
STREET ADDRESS	~~401 N.E. 62 STREET~~	13 STREET ADDRESS	8340 NE 2 AVE
CITY ST ZIP	MIAMI FL 33138	14 CITY ST ZIP	MIAMI, FL 33138
TITLE	V	21 TITLE	DIRECTOR ☐ Change ☒ ~~Addition~~
NAME	~~MEUS, POWER I~~	22 NAME	ERVIN BUTLER
STREET ADDRESS	~~401 N.E. 62 STREET~~	23 STREET ADDRESS	560 WAILOA ST.
CITY ST ZIP	~~MIAMI FL 33138~~	24 CITY ST ZIP	HOLLYWOOD, FL 33023
TITLE	D	31 TITLE	DIRECTOR ☐ Change ☐ Addition
NAME	~~MEUS, POWER II~~	32 NAME	PATRICIA GRANT
STREET ADDRESS	~~401 N.E. 62 STREET~~	33 STREET ADDRESS	731 SW 14 AVE
CITY ST ZIP	~~MIAMI FL 33138~~	34 CITY ST ZIP	FT LAUD, FL 33301
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	200001511452 ☐ Change
NAME		52 NAME	-06/20/95--01050--012
STREET ADDRESS		53 STREET ADDRESS	****233.75 ****233.75
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: Jetta McPhee 5/10/95 305-758-0002
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0146497 CP