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 MAY -1 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G87580

1. Corporation Name

SOUTH FLORIDA CAB CORP.

700001479317
-05/09/95--01014--005
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2301 NW 24 AVE MIAMI FL. 33142.	

3. Date Incorporated or Qualified: 01/12/84
3a. Date of Last Report: 05/01/94

2. Principal Place of Business	2a. Mailing Address
21 2301 NW 24 AVE	26 2301 NW 24 AVE
Suite, Apt. #, etc 22 N/A	Suite, Apt. #, etc 27
City & State 23 MIAMI, FL.	City & State 28 MIAMI, FL.
Zip / Country 24 33142 / 25 U.S.A.	Zip / Country 29 33142 / 30 U.S.A.

4. FEI Number: NOT APPLICABLE ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GONZALEZ, ANTONIO 2301 NW 24 AVE MIAMI, FL. 33142	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: ANTONIO GONZALEZ — 4/17/95
Signature, type or print name of registered agent and title if applicable (Only the current Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P/D GONZALEZ, ANTONIO 2301 NW 24 AVE. MIAMI, FL. 33142.	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V/D GONZALEZ, CHARLES 2301 NW 24 AVE. MIAMI, FL. 33142.	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S/T GONZALEZ JOHN A. 2301 NW 24 AVE. MIAMI, FL. 33142.	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	TAW 5-1-95 ☐ Change ☐ Addition

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

SIGNATURE: ANTONIO GONZALEZ — 4/17/95 — 633-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #