

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K12235** (3)

1. Corporation Name

EIGHTS TAXI, INC.



Principal Place of Business

**1995 N.E. 142ND ST
N. MIAMI FL 33181-1505**

Mailing Address

**1995 N.E. 142ND ST
N. MIAMI FL 33181-1505**

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

30

g. Name and Address of Current Registered Agent

**STEINBERG, EDWARD
1995 N.E. 142ND ST
N. MIAMI FL 33181**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

01/15/1988

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0121287

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

10. Name and Address of New Registered Agent

SIGNATURE

Signature typed or printed name of registered agent on this report only

Signature typed or printed name of new registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	ZILBER, SIGMUND	
STREET ADDRESS	1995 N.E. 142ND ST	
CITY- ST- ZIP	N. MIAMI FL	
TITLE	DVP	☐ DELETE
NAME	STEINBERG, EDWARD	
STREET ADDRESS	1995 N.E. 142ND ST	
CITY- ST- ZIP	N. MIAMI FL	
TITLE	T	☐ DELETE
NAME	MARTIN, ZILBER	
STREET ADDRESS	1995 NE 142 ST	
CITY- ST- ZIP	N MIAMI FL	
TITLE	S	☐ DELETE
NAME	RODOLFO, GONZALEZ	
STREET ADDRESS	1995 NE 142 ST	
CITY- ST- ZIP	N MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, on an attachment with an address

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sigmund Zilber
Sigmund Zilber

4/7/96

(305)

888-8888

Telephone Number

CR2E034 (12/95)