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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K12565 (3)

1. Corporation Name
STAR-DAVID CAB, INC.

Principal Place of Business
% ROZA BACHAR
2315 NE 194TH ST
NORTH MIAMI BEACH FL 33180

Mailing Address
% ROZA BACHAR
2315 NE 194TH ST
NORTH MIAMI BEACH FL 33180-2127



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/22/1988		3a. Date of Last Report 04/24/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0166770		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ITZHAK BACHAR, P.A.
633 NE 167TH STREET
SUITE 1112
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81. Name	ITZHAK BACHAR, P.A.		
82. Street Address (P.O. Box Number is Not Acceptable)	633 N.E. 167th Street		
83. Suite	Suite 701		
84. City	FL	85. Zip Code	33162

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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BACHAR, ROZA	1.2 NAME	
STREET ADDRESS	2315 NE 194TH ST	1.3 STREET ADDRESS	
CITY- ST- ZIP	NORTH MIAMI BCH FL	1.4 CITY- ST- ZIP	
TITLE	SD	2.1 TITLE	SD
NAME	BACHAR, SHARON	2.2 NAME	Bachar, Itzhak
STREET ADDRESS	2315 NE 194TH ST	2.3 STREET ADDRESS	2315 N.E. 194th Street
CITY- ST- ZIP	NO MIAMI BCH FL	2.4 CITY- ST- ZIP	North Miami Beach, FL
TITLE		3.1 TITLE	VPD
NAME		3.2 NAME	Bachar, Sharon
STREET ADDRESS		3.3 STREET ADDRESS	2315 N.E. 194th Street
CITY- ST- ZIP		3.4 CITY- ST- ZIP	North Miami Beach, FL
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 do 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97

(305) 652-1113

Date

Daytime Phone #

CR2E034 (9/96)