FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DEVISION OF CORPORATIONS N 1996 DOCUMENT # 1. Corporation Name HIALEAH-LAKES TAXI CORPORATION Mailing Address Principal Place of Business 1160 WEST 40TH PLACE 1160 WEST 40TH PLACE HIALEAH FL 33012 HIALEAH FL 33012 3a. Date of Last Report 3. Date Incorporated or Qualified 01/17/1995 03/15/1990 Applied For 4. FEI Number 2a. Malling Address 2. Principal Place of Business Not Applicable 65-0200608 26 21 \$8.75 Additional Suite, Apt. #, etc. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Zip Country Zip. ☐ Yes ☐ No Florida Statutes 30 29 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 AGUILERA, LILLIAM R. 8631 SW 84TH COURT в3 **MIAMI FL 33143** Zip Code 85 City 84 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. DATE SIGNATURE (NOTE: Registered Agent signature required when reinstating) CR2E034 (12/95) Signature, typed or printed name of registered agent and title 1 applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1. 1 THLE TITLE 1.2 NAME ULLOA, REINALDO NAM 1.3 STREET ADDRESS 1160 WEST 40TH PLACE STREET ADDRESS 1.4 CITY - ST - ZIP HIALEAH FL CITY-ST-ZIP Change Addition DELETE 2 1 TITLE TITLE HERNANDEZ, LEONOR 22 NAME NAME 2.3 STREET ADDRESS 1160 WEST 40TH PLACE STREET ADDRESS 2.4 CITY - ST- ZIP HIALEAH FL CITY - \$1 - 7(P) Addition Change DELETE 3. 1 TITLE TITLE ULLOA, REINALDO 3.2 NAME NAME 3.3. STREET ADDRESS 1160 WEST 40TH PLACE STREET ADDRESS 3.4 CITY - ST - ZIP HIALEAH FL CITY-ST-ZIP Addition ☐ Change [ ] DELETE 4. 1 TiTLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP Change CHTY-\$1-7IP ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - 7IP Addition CITY-ST-ZIP ☐ Change DELETE 6. 1 1/1/18 TITLE 6.2 NAME NAME **63 STREET ADDRESS** STREET ADDRESS 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, or on an attachment with an address.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytinie Prione #