

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

PROFIT CORPORATION ANNUAL REPORT



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

1996 5-196

B. 5492 NC

DOCUMENT # **L59603 (5)**

1. Corporation Name  
**HIALEAH-LAKES TAXI CORPORATION**



Principal Place of Business  
**1160 WEST 40TH PLACE  
HIALEAH FL 33012**

Mailing Address  
**1160 WEST 40TH PLACE  
HIALEAH FL 33012**

3. Date Incorporated or Qualified **03/15/1990** 3a. Date of Last Report **01/17/1995**

|                                 |                         |   |  |
|---------------------------------|-------------------------|---|--|
| 21. Principal Place of Business | 2a. Mailing Address     | 4. FEI Number<br><b>65-0200608</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 22. Suite, Apt. #, etc.         | 26. Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 23. City & State                | 27. City & State        | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 24. Zip                         | 28. Zip                 | 7. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 25. Country                     | 29. Country             |   |  |
| 30. Country                     |                         |   |  |

|   |              |  |           |
|---|--------------|--|-----------|
| 9. Name and Address of Current Registered Agent                       |              | 10. Name and Address of New Registered Agent           |           |
| <b>AGUILERA, LILLIAM R.<br/>8631 SW 84TH COURT<br/>MIAMI FL 33143</b> |              | 81. Name   |           |
|   |              | 82. Street Address (P.O. Box Number is Not Acceptable) |           |
|   |              | 83.  |           |
|   |              | 84. City   | <b>FL</b> |
|   | 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>PVT</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ULLOA, REINALDO</b>                     | 1.2 NAME  |   |
| STREET ADDRESS             | <b>1160 WEST 40TH PLACE</b>                | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>HIALEAH FL</b>                          | 1.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <b>V</b> <input type="checkbox"/> DELETE   | 2.1 TITLE   |   |
| NAME                       | <b>HERNANDEZ, LEONOR</b>                   | 2.2 NAME  |   |
| STREET ADDRESS             | <b>1160 WEST 40TH PLACE</b>                | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>HIALEAH FL</b>                          | 2.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE   | 3.1 TITLE   |   |
| NAME                       | <b>ULLOA, REINALDO</b>                     | 3.2 NAME  |   |
| STREET ADDRESS             | <b>1160 WEST 40TH PLACE</b>                | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>HIALEAH FL</b>                          | 3.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE            | 4.1 TITLE   |   |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE            | 5.1 TITLE   |   |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE            | 6.1 TITLE   |   |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> 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)(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.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/96

Date Daytime Phone #

CR2E034 (12/95)