FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(5)

HIALEAH-LAKES TAXI CORPORATION

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

FILED Mar 26 1998 8:00am Secretary of State



Principal Plac	o of Business	Mailing Address						
•								
1160 WEST 40TH PLACE 1160 WEST 40TH PLACE HIALEAH FL 33012 HIALEAH FL 33012		DO NOT WRITE IN THIS SPACE						
						3. Date Incorporated or Qualified		
						03/15/1990		
2. Principal P	lace of Business	2a, Mailing Address				4. FEI Number Applied For		
21 26					65-0200608 Not Applicable			
Suite, Apt.	# etc	Suite, Apt. #, etc.				— \$8.75 Additional		
22 27				5. Certificate of Status Desired Fee Required				
City & Stat					6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution		
Zip	Country	Zıp	Cou	intry		8. This corporation owes or has paid the current year Intangible		
24	25	29	30			Personal Property Tax due June 30. Yes No		
	g, Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered Agent		
AC	BUILERA, LILLIAN R			81	Name			
	31 SW 84TH COURT			82 Street Address (P.O. Box Number is Not Acceptable)				
M	AMI FL 33143			Silver Address (1.6.) Box Hamber to Hex Recoptable				
				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	Signature, typod or printed name of registered a	igent and title if applicable (NO)	E Registere	d Agen	t signature I	required when reinstating) DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVT	☐ DELETE	1.1 TI	ITLE		☐ Change ☐ Addition		
NAME	ULLOA, REINALDO		1.2 N	AME				
STREET ADDRESS	1160 WEST 40TH PLACE		1.3 STREE		NDDRESS			
CITY-ST-ZIP	HIALEAH FL 33012		1.4 C	ITY-ST	- ZIP			
TITLE	[V	DELETE	2.1 Ti	ITLE		Change Addition		
NAME	HERNANDEZ, LEONOR		2.2 N	AME		Bestein Ullas		
STREET ADDRESS	1160 WEST 40TH PLACE		2.3 STREET		OORESS	116011) Jest York Place		
CITY-ST-ZIP	HIALEAH FL 33012		2.40	::1Y-S1	r-ZIP	BEATRIZ UllOA 1160WEST HOTH Place 1-141EAN IF 33012		
TITLE	D	☐ DELETE	3.1 7	TLE]	Change Addition		
NAME	ULLOA, REINALDO		3.2 N	AME	1			
STREET ADDRESS	1160 WEST 40TH PLACE		3.3 \$	TREET A	NDDRESS			
CITY - ST - ZIP	HIALEAH FL 33012		3.4. 0	ITY-\$1	I - ZIP			
TITLE		DELETE	4.1 Ti	ITLE		Change Addition		
NAME			4.21	MAME				
STREET ADDRESS			4.3 \$	TREET #	NDDRESS			
CITY-ST-ZIP	<u></u>		4.4 C	ITY-ST	-ZIP			
TITLE		DELETE	5.1 T	ITLE		Change Addition		
NAME			5.2 N	AME				
STREET ADDRESS			5.3 S	TREET A	ADDRESS			
CITY-ST-ZIP			5.4 C	ITY-ST	-ZIP			
TITLE		DELETE	6.1 TI			Change Addition		
NAME			6.2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			6.4 C	fTY-ST	· ZIP			

14. I 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: