FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 3:05

DOCUMENT # **M18894** **(9)**

1. Corporation Name

ASSOCIATED DIAMOND CAB RADIO SERVICES, INC.

Principal Place of Business	Mailing Address
140 N.W. 8TH AVENUE P.O. BOX 015479 MIAMI FL 33101	140 N.W. 8TH AVENUE P.O. BOX 015479 MIAMI FL 33101

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/02/1985	04/26/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For / Not Applicable
21	26	52-1408211	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PARKER, JAMES 4308 VAN BUREN ST. HOLLYWOOD FL 33021	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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: _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	xx Change ☐ Addition
NAME	D'ANGELO, VITO	12 NAME	YECHEZKELL, GILAD	
STREET ADDRESS	5541 NW 199TH TERRACE	13 STREET ADDRESS	140 N.W. 8th Ave.	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	Miami, FL 33128	
TITLE	VD	21 TITLE	VD	xx Change ☐ Addition
NAME	GUILLERMO, J. ACOSTA	22 NAME	VIVES, HECTOR	
STREET ADDRESS	1344 N.W. 23RD COURT	23 STREET ADDRESS	140 N.W. 8th Ave.	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	Miami, FL 33128	
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	ASSAD, THOMAS	32 NAME		
STREET ADDRESS	1670 LINCOLN CT., #7-D	33 STREET ADDRESS		
CITY ST ZIP	MIAMI BEACH FL	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: GILAD YECHEZKELL 3/24/95 305-545-5555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0420760 FP