

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

FILED

Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M52536 (3)					
1. Corporation Name MAYTO TAXI COMPANY, INC.					

Principal Place of Business 666 71ST STREET N MIAMI BEACH FL 33141		Mailing Address 666 71ST STREET N MIAMI BEACH FL 33141	
--	--	--	--

2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	22. City & State MIAMI BEACH	27. City & State MIAMI BEACH
23. Zip Country	28. Zip Country	29. Zip Country	30. Zip Country

9. Name and Address of Current Registered Agent DEMOS, CHARLES MARK 1140 NE 163RD ST. SUITE #28 N MIAMI BEACH FL 33162	
--	--

3. Date Incorporated or Qualified 05/21/1987	
4. FEI Number 59-2809116	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation owes, or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

10. Name and Address of New Registered Agent	
81. Name MARIA SPITZER	82. Street Address (P.O. Box Number is Not Acceptable) 19101 MYSTIC PT. DRIVE, APT 1710
83. City AVENTURA	84. State FL
85. Zip Code 33180	

11. Pursuant to the provisions of Sections 607.0602 and 607.1009, 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, the Chapter 607, Florida Statutes.

SIGNATURE: *Maria Spitzer* Date: *Jan 27th 98*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PVS SPITZER, MARIA M. 666 71ST ST. MIAMI BEACH FL	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD SPITZER, MARIA M. 666 71ST ST. MIAMI BEACH FL	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 owner 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 or change of, or on an attachment with an address.

SIGNATURE: *Maria Spitzer* Date: *Jan 27th 98*