

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90141 029 ****61.25

DOCUMENT # N15276

1. Corporation Name

SOUTH FLORIDA TAXICAB ASSOCIATION, INC.

Principal Place of Business

C/O GILBERTO HERNANDEZ
851 E. 16TH PLACE
HIALEAH FL 33010
US

Mailing Address

C/O GILBERTO HERNANDEZ
851 E. 16TH PLACE
HIALEAH FL 33010
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/04/1986

4. FEI Number

59-2692746

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

9. Name and Address of Current Registered Agent

HERNANDEZ, GILBERTO
851 E. 16TH PLACE
HIALEAH FL 33010

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
SOHIL, ANWAR
3775 NW 36 ST.
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DIEGO, FELICIANO
5507 FILLMORE STREET
HOLLYWOOD FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HERNANDEZ, GILBERTO
851 E. 16TH PLACE
HIALEAH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHLOSSBERG, JEROME
871 NE 160 TERRACE
N MIAMI BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ZALIA, MORRIS
2441 NE 201ST ST
MIAMI BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETED

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
FELICIANO

4.12.99 305-710-4142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (11/98)