

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

96 SEP 17 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P92000009016 (6)  
1. Corporation Name  
**MEDLEY TAXI CORPORATION**

Principal Place of Business: 8358 N.W. 66TH STREET, MIAMI FL 33172, US  
Mailing Address: 9441 S.W. 37 ST., MIAMI FL 33165, US

2. Principal Place of Business: 21 5887 N.W. 36 St., Suite, Apt #, etc. City & State: 23 Virginia Gardens, Fl., Zip: 24 33166, Country: 25 Dade  
2a. Mailing Address: 26 9420 S.W 37 St., Suite, Apt #, etc. City & State: 28 Miami, Fla., Zip: 29 33165, Country: 30 DADE

3. Date Incorporated or Qualified: 11/23/1992  
3a. Date of Last Report: 08/22/1995  
4. FEI Number: 65-0383589  
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 has liability for intangible tax under s. 199.032 Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: IGLESIAS, ORESTES, 9441 S.W. 37 ST., MIAMI FL 33165

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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 type - the printed name of registered agent is not applicable. DATE: Registered Agent's signature expires when the term is up.

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	IGLESIAS, ORESTES	
STREET ADDRESS	9441 SW 37TH ST.	
CITY - ST - ZIP	MIAMI FL 33165	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ORMAZABAL, MARIO	
STREET ADDRESS	9050 S.W. 97TH AVENUE, SUITE 2	
CITY - ST - ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	00000195.0280 -09/18/96-01042-018 ****375.00 ****375.00
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

*Cr. Alan*  
9-17-96

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 included 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.

SIGNATURE: *S. Ormazabal* Sergio Mario Ormazabal 08/26/96 (305) 889-1111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (3/96)