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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000009016 (6)

MEDLEY TAXI CORPORATION

FILED

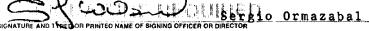
Apr 11 1997 8:00am

Secretary of State

Principa' Plac 5887 N.W. 36 VIRGINIA GARI US		Mailing Address 9420 S.W. 37 STREET MIAMI FL 33185-4008 US				3a. Date of Last	
					3. Date Incorporated or Qualified 11/23/1992	09/17/1996	
2. Principal P	Nace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 5887	N.W. 36 Street	26 9420 S.W.	37 Str	eet	65-0383589		Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27 Ch. P. Chala					Required
City & Stat	e inia Gardens	City & State 28 MIAMI.FL.			6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
7ip	Country	Zip	Country		8. This corporation has liability for		
24 F1.	33166 25U.S.A	29 33165	30 Ц. 9	3.A.		Yes 🔀 No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	gistered Agent	
	ESIAS, ORESTES		81	Name 01	RESTES IGLESIAS		
	1 S.W. 37 ST.				ess (P.O. Box Number is Not Acceptal	ole)	
MIA	MI FL 33165		83	9420_	S.W. 37 Street		·
			84	City	WT 4 W T	FL 85 20	p Code 3 1 6 5
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statut	es, the above-	named corp	MIAMİ oration submits this statement for the jon's board of directors. I hereby acce	purpose of changing	its registered
agent La	registered agent, or both, in the Sta in-familiar with, and accept the obt	ite of Florida. Such change was a ligations of, Section 607.0505, Flo	authorized by l orida Statutes.	the corporati	ion's board of directors. I hereby acce	pt the appointment a	as registered
SIGNATURE	Styrucine, type disciprosted name of region red s	age and Me if applicable. (NOT	E Registered Agen	t signature require	ed when reinstating)	DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TILLE	P	☐ DELETE	1.1 DILE	$\mathbf{P} \mid \mathbf{I}$	GLESIAS ORESTES	K Change	e 🔲 Addition
MAINE	IGLESIAS, ORESTES		1.2 NAME				
STREET ACCRESS	9441 SW 37TH ST. MIAMI FL 33165		1.3 STREET A		420 S.W. 37 Stree	τ	
CHY-ST-7F TILE	VP	DELETE	1.4 CITY-ST- 2 1 TITLE	ZIP M	IAMI, FL. 33165	☐ Change	e Addition
NAME	ORMAZABAL, MARIO		2.2 NAME	-		onange	7
STREET ADDRESS	AACA AMI ATTII MENUE OURTE A		2.3 STREET A	DOBESS			
CHY-ST 7P	MIAMI FL 33176		2. 4 CITY-ST	1			
TIPLE		DELETE	31 TITLE			☐ Change	e 🔲 Addition
NAM			3.2 NAME	{			
STREET ADDRESS			3.3 STREET A	DORESS			
CITY - ST - ZIP			3.4. C(TY - ST	- ZIP	···	···	
TIFLE		L DELETE	4.1 TITLE			Change	e L) Addition
NAM:			4. 2 NAME	}			
STREET ADDRESS			4.3 STREET A	·			
CH1 - S1 - ZIP	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4.4 CITY - ST	ZIP	· · · · · · · · · · · · · · · · · · ·	Change	e Addition
TILLE		□ berea	5.1 TITLE			— cusuge	, C Manifoli
NAME orbit Fatiglios de			5.2 NAME 5.3 STREET A	DODESC			
STREET ADORESS ONLY: STEZIE			5.3 STMEET A				
TRUE		C) DELETE	6.1 TITLE	Lil		☐ Change	e Addition
NAM ²			6.2 NAME				
STREET ACCURESS			6.3 STREET A	DORESS			
City-St 2if			6.4 CITY-ST				
	by certify that the information suppl	lied with this filing does not quali			in Section 119.07(3)(i), Florida Statute	s. I further certify th	at the

14. Flot hereby certify that the information supplied with this filing does not quality 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 fustee 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:



04/03/97 (305)552-655 Date Daytime Phone *