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Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000009016 (6)

1. Corporation Name

MEDLEY TAXI CORPORATION



Principal Place of Business

5887 N.W. 36 STREET
VIRGINIA GARDENS FL 33166
US

Mailing Address

9420 S.W. 37 STREET
MIAMI FL 33165-4008
US

3. Date Incorporated or Qualified

11/23/1992

3a. Date of Last Report

09/17/1996

2. Principal Place of Business

2a. Mailing Address

21 5887 N.W. 36 Street
Suite, Apt. #, etc.

26 9420 S.W. 37 Street
Suite, Apt. #, etc.

4. FEI Number

65-0383589

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

24 FL 33166 25 U.S.A.

29 33165

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IGLESIAS, ORESTES
9441 S.W. 37 ST.
MIAMI FL 33165

81 Name

ORESTES IGLESIAS

82 Street Address (P.O. Box Number is Not Acceptable)

9420 S.W. 37 Street

83

84 City

MIAMI

FL

85 Zip Code
33165

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME IGLESIAS, ORESTES
STREET ADDRESS 9441 SW 37TH ST.
CITY-ST-ZIP MIAMI FL 33165

1.1 TITLE P
1.2 NAME IGLESIAS ORESTES
1.3 STREET ADDRESS 9420 S.W. 37 Street
1.4 CITY-ST-ZIP MIAMI, FL. 33165

TITLE VP
NAME ORMAZABAL, MARIO
STREET ADDRESS 9050 S.W. 97TH AVENUE, SUITE 2
CITY-ST-ZIP MIAMI FL 33176

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sergio Ormazabal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sergio Ormazabal

04/03/97 (305)552-6555

Date

Daytime Phone #

CR2E034 (9/96)