

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90055 024 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P92000009016**

1. Corporation Name  
**MEDLEY TAXI CORPORATION**

Principal Place of Business  
**8051 NORTH WEST 36TH STREET, #612  
MIAMI FL 33166  
US**

Mailing Address  
**8051 NORTH WEST 36TH STREET, #612  
MIAMI FL 33166  
US**

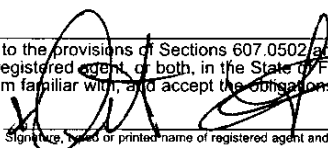


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>8009 N.W. 36 St</b>		2a. Mailing Address <b>8009 N.W. 36 Street</b>		3. Date Incorporated or Qualified <b>11/23/1992</b>	
21. Suite, Apt. #, etc. <b>215</b>		26. Suite, Apt. #, etc. <b>215</b>		4. FEI Number <b>65-0383589</b>	
22. City & State <b>Miami, Fla</b>		27. City & State <b>Miami, Fla.</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip <b>33166</b>		28. Zip <b>33166</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Country <b>USA</b>		30. Country <b>USA</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>IGLESIAS, ORESTES 9420 SW 37 ST MIAMI FL 33165</b>		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	

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  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PSD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PD. Iglesias Orestes</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>IGLESIAS, ORESTES</b>		1.2 NAME <b>8009 N.W. 36 St. # 215</b>	
STREET ADDRESS <b>8051 NORTH WEST 36TH STREET, #612</b>		1.3 STREET ADDRESS <b>Miami, Fla. 33166</b>	
CITY-ST-ZIP <b>MIAMI FL 33166</b>		1.4 CITY-ST-ZIP	
TITLE <b>VTD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>VD Ormazabal Sergio M</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ORMAZABAL, MARIO</b>		2.2 NAME <b>8009 N.W St. # 215</b>	
STREET ADDRESS <b>8051 NORTH WEST 36TH STREET, #612</b>		2.3 STREET ADDRESS <b>Miami, Fla. 33166</b>	
CITY-ST-ZIP <b>MIAMI FL 33166</b>		2.4 CITY-ST-ZIP	
TITLE <b>B</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RODRIGUEZ, ALBERTO</b>		3.2 NAME	
STREET ADDRESS <b>8051 NORTH WEST 36TH STREET, #612</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33166</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

**ORESTES IGLESIAS 02-08-99 305-552-6555**