FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED

95 APR -6 AM 11:54

DOCUMENT # P93000006814

1. Corporate Name
AAA Cab Co., Inc.

Principal Place of Business
18800 NW 2 Avenue
220-C
Miami, Florida 33169

Mailing Address
850 NE 207 Terrace
#106
Miami, Florida 33179

400001454014
-04/12/95--01022--009
****208.75 ****208.75
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 1000 Northwest 103rd Ave	2a. Mailing Address: 26 1000 Northwest 103rd Ave
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23 Plantation, Florida	City & State: 28 Plantation, Florida
Zip: 24 33322 — County: 25 Broward	Zip: 29 33322 — County: 30 Broward

3. Date Incorporated or Qualified: 01/28/93
3a. Date of Last Report: 04/22/94
4. FEI Number: 65-0387906 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent
Joshua Barak
850 NE 207 Terrace
#106
Miami, Florida 33179

10. Name and Address of New Registered Agent
81 Name: Ishak Siama
82 Street Address (P.O. Box Number is Not Acceptable): 17221 NE 11 Avenue
83
84 City: North Miami Beach FL 85 Zip Code: 33162

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 x Ishak Siama

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/S/D	1.1 TITLE	P/D [X] Change [ ] Addition
NAME	850 NE 207 Terrace, #106	1.2 NAME	Ishak Siama
STREET ADDRESS	Miami, Florida 33179	1.3 STREET ADDRESS	17221 NE 11 Avenue
CITY-ST-ZIP		1.4 CITY-ST-ZIP	North Miami Beach, Florida 33162
TITLE	VP/D	2.1 TITLE	VP/D [X] Change [ ] Addition
NAME	Oren Goldrat	2.2 NAME	Oren Goldrat
STREET ADDRESS	Sunrise, Florida 33326	2.3 STREET ADDRESS	3552 Magellen Circle
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Aventura, Florida 33180
TITLE		3.1 TITLE	S/D [X] Change [ ] Addition
NAME		3.2 NAME	Jacob Shimmony
STREET ADDRESS		3.3 STREET ADDRESS	1000 NW 103 Avenue
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Plantation, Florida 33322
TITLE		4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: x Ishak Siama — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3.31.95 — Daytime Phone: (305) 053-4037

LW 4-6-95