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 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P9400003812 (2) **DOCUMENT #** NEW YORK TAXI, INC. Mailing Address Principal Place of Business 3850 NW NORTH RIVER DR 3850 NW NORTH RIVER DR **MIAMI FL 33142** MIAMI FL 33142 3a. Date of Last Report 3. Date Incorporated or Qualified 01/14/1994 04/28/1995 4, FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0478658 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032 Country Country Zip Ζıρ 🔀 Yes 🗌 No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HERRERA, CARLOS SR 3850 NW NORTH RIVER DR 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33142 R3 Zip Code 85 84 City 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. Thereby 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 regulated when reliable ngo Stignature, typied or printed name of registered agent and title if apply able (96/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition DELETE 1.1 THE TITLE CR2E034 HERRERA, CARLOS SR 2 NAME 3850 NW NORTH RIVER DR 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33142** 14 CITY - ST-ZIP CITY - ST - ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAMÉ NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 THLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY + 5 F - 2 IP CITY - ST - ZIP Change Addition DELETE 61 TIRE TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 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 1 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 it 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 13 if changed, or on an attachment with an address

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7-15-96

305-638-4543