

FILE NOW: FILING FEE AFTER MAY 1 IS \$50.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



95-97
AR
LOUISIANA DEPARTMENT OF STATE
Sandra B. Morthen
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 SEP -5 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Mr. TAXI SERVICES, INC.

2940000 28408

Principal Place of Business

Mailing Address

4111 NW. 37 AVE. B216
MIAMI, FL. 33142

3. Date Incorporated or Qualified
04 -14 /94

3a. Date of Last Report

2. Principal Place of Business

21 4111 NW. 37AVE B216

22 Suite, Apt. #, etc.
B216

23 City & State

MIAMI, FL. 33142

24 Zip
33142

Country

DADE

2a. Mailing Address

26 P.O. BOX 350704

27 Suite, Apt. #, etc.

28 City & State

MIAMI, FL. 33135

29 Zip
33135

Country

DADE

4. FEI Number

65 - 0481088

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAMON DE JESUS ARRAZCAETA

4111 NW. 37 AVE. B216

MIAMI, FL. 33142

81 Name

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

83

84 City

FL

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

Signature of officer or printed name of registered agent and title if applicable

RAMON DE JESUS ARRAZCAETA 07 - 29 /97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DIRECTOR ☐ DELETE

NAME RAMON DE JESUS ARRAZCAETA
STREET ADDRESS 4111 NW. 37 AVE. B 216
CITY-ST-ZIP MIAMI, FL. 33142

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME 300002287943-8

1.3 STREET ADDRESS -09/09/97-01018-005

1.4 CITY-ST-ZIP ***\$65.00 ***\$65.00

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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; that 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:

RAMON DE JESUS ARRAZCAETA 07 - 29 /97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)