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Secretary of State

_____ PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P95000071896 (1)**

1. Corporation Name
AAA TAXI, INC.

Principal Place of Business	Mailing Address
17221 N.E. 11 AVENUE NORTH MIAMI BEACH FL 33162	17221 N.E. 11 AVENUE NORTH MIAMI BEACH FL 33162-2615

3. Date Incorporated or Qualified: 09/15/1995
3a. Date of Last Report: 04/12/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 65-0631548 ☐ 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

SIAMA, ISHAK
17221 N.E. 11 AVENUE
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name: jACOB SHIMONY
82 Street Address (P.O. Box Number is Not Acceptable)
83: ~~1000 N.W.103 AVENUE~~
84 City: PLANTATION **FL** 85 Zip Code: 33322

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: Jacob Shimony JACOB SHIMONY 04.25.97
(Signature of, and typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SIAMA, ISHAK 17221 N.E. 11 AVENUE NORTH MIAMI BEACH FL 33162	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition PD,TD JACOB SHIMONY 1000 N.W.103 AVENUE PLANTATION,FL.33322
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ELIMELECH, ADIR 20616 NE 7 COURT N. MIAMI BEACH FL 33179	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition VD,SD SIAMA ISHAK 17221 N.E.11 AVENUE N.MIAMI BEACH FL.33162
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SIAMA, HAIM 3350 NE 192 ST. #3B AVENTURA FL 33180	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition SIAMA HAIM 3350 N.E.192 St.#3B AVENTURA FL.33180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SHIMONY, JACOB 1000 N.W. 103 AVENUE PLANTATION FL 33322	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: Jacob Shimony - JACOB SHIMONY 04.25.97 (305)999.9990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0221276