


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

FILED  
Apr 16 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|


DOCUMENT # **P95000071896 (1)**

1. Corporation Name  
**AAA TAXI, INC.**



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| Principal Place of Business<br><b>17221 N.E. 11 AVENUE<br/>NORTH MIAMI BEACH FL 33162</b> | Mailing Address<br><b>17221 N.E. 11 AVENUE<br/>NORTH MIAMI BEACH FL 33162</b> |
|---|---|

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 2. Principal Place of Business<br>21 <b>1000 NW 103rd Ave.</b><br>Suite, Apt. #, etc. |  | 2a. Mailing Address<br>26 <b>1000 NW 103rd Ave</b><br>Suite, Apt. #, etc. |  | 3. Date Incorporated or Qualified<br><b>09/15/1995</b>  |  |
| 22    |  | 27  |  | 4. FEI Number<br><b>65-0631548</b>  |  |
| 23 <b>PLANTATION, FLORIDA</b><br>City & State   |  | 28 <b>PLANTATION, FLORIDA</b><br>City & State                             |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 24 <b>33322</b><br>Zip  |  | 25 <b>USA</b><br>Country  |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |
| 29 <b>33322</b><br>Zip  |  | 30 <b>USA</b><br>Country  |  | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |   |  |
|--|--|---|--|
| 9. Name and Address of Current Registered Agent<br><b>SHIMONY, JACOB<br/>1000 NW 103RD AVE<br/>PLANTATION FL 33322</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 **Jacob Shimony PDTD** DATE **04.12.1998**

|                            |                                |   |                            |
|----------------------------|--------------------------------|---|----------------------------|
| 12. OFFICERS AND DIRECTORS |                                | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                            |
| TITLE                      | <b>VDSD</b>                    | 1.1 TITLE   | <b>PDTDSD</b>              |
| NAME                       | <b>SIAMA, ISHAK</b>            | 1.2 NAME  | <b>JACOB SHIMONY</b>       |
| STREET ADDRESS             | <b>17221 N.E. 11 AVENUE</b>    | 1.3 STREET ADDRESS                                    | <b>1000 NW 103rd Ave</b>   |
| CITY - ST - ZIP            | <b>NORTH MIAMI BEACH FL</b>    | 1.4 CITY - ST - ZIP                                   | <b>PLANTATION FL 33322</b> |
| TITLE                      | <b>VD</b>                      | 2.1 TITLE   |                            |
| NAME                       | <b>ELIMELECH, ADIR</b>         | 2.2 NAME  | <b>SIAMA, ISHAK</b>        |
| STREET ADDRESS             | <b>20618 NE 7 COURT</b>        | 2.3 STREET ADDRESS                                    | <b>17221 N.E. 11 AVE.</b>  |
| CITY - ST - ZIP            | <b>N. MIAMI BEACH FL 33179</b> | 2.4 CITY - ST - ZIP                                   | <b>N. MIAMI BEACH, FL</b>  |
| TITLE                      | <b>SD</b>                      | 3.1 TITLE   |                            |
| NAME                       | <b>SIAMA, HAIM</b>             | 3.2 NAME  |                            |
| STREET ADDRESS             | <b>3350 NE 192 ST. #3B</b>     | 3.3 STREET ADDRESS                                    |                            |
| CITY - ST - ZIP            | <b>AVENTURA FL 33180</b>       | 3.4 CITY - ST - ZIP                                   |                            |
| TITLE                      | <b>PDTD</b>                    | 4.1 TITLE   |                            |
| NAME                       | <b>SHIMONY, JACOB</b>          | 4.2 NAME  |                            |
| STREET ADDRESS             | <b>1000 N.W. 103 AVENUE</b>    | 4.3 STREET ADDRESS                                    |                            |
| CITY - ST - ZIP            | <b>PLANTATION FL</b>           | 4.4 CITY - ST - ZIP                                   |                            |
| TITLE                      |                                | 5.1 TITLE   |                            |
| NAME                       |                                | 5.2 NAME  |                            |
| STREET ADDRESS             |                                | 5.3 STREET ADDRESS                                    |                            |
| CITY - ST - ZIP            |                                | 5.4 CITY - ST - ZIP                                   |                            |
| TITLE                      |                                | 6.1 TITLE   |                            |
| 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.

SIGNATURE: **Jacob Shimony** DATE **04.12.98** (305)999-9990

CR2E034 (10/97)