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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

☐ Change ☐ Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000046762 (6)

DADE TAXI CORP.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Principal Place of Business 4218 S.W. 9TH STREET MIAMI FL 33134				Mailing Address 4218 S.W. 9TH STREET MAMI FL 33134-2622								
								3. Date Incorporated or Qualified 05/28/1996	3a. Date o	f Last Re	eport	
_	Principal Place of Business			2a. Mailing Address				4. FEI Number			plied For	1
21	Suite, Apt. #, etc.			Suite, Apt. #, etc.					-		t Applicable	4
22	2			27			5. Certificate of Status Desired	□ *	6./5 / Fee Re	Additional quired		
	City & State			City & State			6. Election Campaign Financing	;	\$5.00			
23	Zip	Countr		Zip Country				Trust Fund Contribution		Added t		
24	Lip	25 29			30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
271		g. Name and Addre						10. Name and Address of New Registered Agent				
	GON	NZALEZ, ANTONIO				81 N	ame					1
4218 S.W. 9TH STREET							root Addr	Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33134				ļ			, CCL AGG	ess (1.10. box reamour is not receptab	,			1
					[1	83						1
\sim				Ì					6	5 Zip (Pode:	-
		()					•		FL	1		
11.	Office or re	to the provisions of Soc egistered agency of m familia way, nick acc	tions 607.0502 สก า, in the State of f	d 607.1508, Florida Stati Iorida: Such change was	utes, the ab- authorized	ove-na Lby tho	med corp corporat	oration submits this statement for the p ion's board of directors. I horeby accep	urpose of cha I the appointr	anging its ment as	s registered registered	1
	agent. I a	m famill (Myr.) Nicralyo							1/2	1	5	1
SIC	NATURE	Signature, typed or printed name	Ar	ntonio Gonz Itile d'applicable (NC	alez,	Pr	es.	and others, reductations	4/29/	9.1		1
12.			OFFICERS AND DI		13.		Anamir ledon	ADDITIONS/CHANGES 10 OFFIC	ERS AND DIE	RECTOR	S IN 12	16
TITL	:	PO		DELETE. 1.1 TO		ILE				Change	Addition	- 8
NAM	E	GONZALEZ, ANTONIO			1.2 NA	1.2 NAME						3
STRE	4218 S.W. 9TH STREET		reet		1.3 S1H	1.3 STREET ADDRESS						è
CITY	-ST-ZIP MIAMI FL 33134					1.4 CITY+ ST+ZIP						Š
TITLI		TD CONTAINED TO IN		DELETE 2.1		2.1 THLE				Change	Addition	٦
NAM	JAIR OW ATH STREET				2.2 NA	2.2 NAME						1
STRE	4218 S.W. 9TH STREET		KEEI	2.3 \$		3 STREET ADDRESS						
	MIAM! FL 33134			2.40			P					_
TITLI		SD Gonzalez, Charles A				3.1 TITLE				Change	Addition	
ANA AMI ATH ATREET					3.2 NAI							
MARKET DOCOS			NECI		3.3 STREET ADDRESS							
				DELETE	3.4. 01		P			Change	Addo:	1
TITLE									LJ	Change	Addition	
NAM					4. 2 NA		Dr.oo					
	ET ADDRESS					REET ADD						-
CITY	-ST-ZIP			DELETE	4.4 CH1 5.1 HIL	Y - S1 - ZIE	·			Change	Addition	+
NAM				C present	5.1 HILL 5.2 NAM					countie	Addition	
erne erne	ET ADDDECC				5.2 NAT		Drao					

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 eath; 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 Arkinged, or on an allachment with an address.

5.4 CITY: ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - \$1 - ZIF

6.1 THE

6.2 NAME

DELETE