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FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000046762 (6)

1. Corporation Name
DADE TAXI CORP.



Principal Place of Business

Mailing Address

4218 S.W. 9TH STREET
MIAMI FL 33134

4218 S.W. 9TH STREET
MIAMI FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	4030 NW 9 St.	26	4030 NW 9 St.	05/28/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 N/A		27 N/A		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 MIAMI, FL.		28 MIAMI, FL.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 33126	25 U.S.A.	29 33126	30 U.S.A.		

9. Name and Address of Current Registered Agent

GONZALEZ, ANTONIO
4218 S.W. 9TH STREET
MIAMI FL 33134

10. Name and Address of New Registered Agent

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, typed name of registered agent and title, if applicable

P.D. ANTONIO GONZALEZ

(NOTE: Registered Agent signature required when reinstating)

DATE

03/01/1998

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	GONZALEZ, ANTONIO	1.2 NAME	GONZALEZ ANTONIO
STREET ADDRESS	4218 S.W. 9TH STREET	1.3 STREET ADDRESS	4030 NW 9 St.
CITY-ST-ZIP	MIAMI FL 33134	1.4 CITY-ST-ZIP	MIAMI, FL. 33126
TITLE	TD	2.1 TITLE	TD
NAME	GONZALEZ, JOHN	2.2 NAME	GONZALEZ JOHN
STREET ADDRESS	4218 S.W. 9TH STREET	2.3 STREET ADDRESS	4030 NW 9 St.
CITY-ST-ZIP	MIAMI FL 33134	2.4 CITY-ST-ZIP	MIAMI, FL. 33126
TITLE	SD	3.1 TITLE	SD
NAME	GONZALEZ, CHARLES A	3.2 NAME	GONZALEZ CHARLES A
STREET ADDRESS	4218 S.W. 9TH STREET	3.3 STREET ADDRESS	4030 NW 9 St.
CITY-ST-ZIP	MIAMI FL 33134	3.4 CITY-ST-ZIP	MIAMI, FL. 33126
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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

P.D. ANTONIO GONZALEZ 03/01/1998 (3-01-23322)

CR2E034 (10/97)