


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

FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000077398 (1)
 1. Corporation Name
DORAL AREA TAXI, INC.



Principal Place of Business 278 N.W. 105 ST. MIAMI FL 33150 US	Mailing Address 278 N.W. 105 ST. MIAMI FL 33150 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5521 N.W. 78 Ave Suite, Apt. #, etc.	2a. Mailing Address 26 278 N.W. 105 St Suite, Apt. #, etc.
22 City & State 23 Miami, FL	27 City & State 28 Mia, FL
24 Zip 33166 Country U.S.A	29 Zip 33150 Country U.S.A

3. Date Incorporated or Qualified 09/17/1996	4. FEI Number 65-0745588	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

ELEAZAR, ERINES 278 N.W. 105TH STREET MIAMI FL 33150

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELEAZAR, ERINES	12 NAME	OMELER AMOS
STREET ADDRESS	278 N.W. 105TH STREET	13 STREET ADDRESS	200 N.W. 127 ST
CITY-STATE-ZIP	MIAMI FL 33150	14 CITY-STATE-ZIP	N. Mia, FL 33168
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	MAR CAISSE FANOR
STREET ADDRESS		23 STREET ADDRESS	15120 N.E. 11 CT
CITY-STATE-ZIP		24 CITY-STATE-ZIP	N. Mia beach, FL 33162
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	Joseph Jacques
STREET ADDRESS		33 STREET ADDRESS	520 N.W. 111 ST
CITY-STATE-ZIP		34 CITY-STATE-ZIP	Mia, FL 33168
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	Hirabeau Joseph
STREET ADDRESS		43 STREET ADDRESS	1070 N.E. 174 ST
CITY-STATE-ZIP		44 CITY-STATE-ZIP	N. Mia beach, FL 33162
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	Dreuville MAXIME
STREET ADDRESS		53 STREET ADDRESS	11611 W Biscayne Canal Dr
CITY-STATE-ZIP		54 CITY-STATE-ZIP	Miami, FL 33150
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 checked, on an attachment with an address.

SIGNATURE: *[Signature]* **01-26-98** 594-3333

CR2E064 (10/97)