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Mar 11, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000077398

1. Corporation Name  
DORAL AREA TAXI, INC.



Principal Place of Business  
5521 NW 78 AVE.  
MIAMI FL 33166  
US

Mailing Address  
278 N.W. 105 ST.  
MIAMI FL 33150  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/17/1996  
4. FEI Number  
65-0745588  
Applied For  
Not Applicable  
5. Certificate of Status Desired [X] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution [ ] \$5.00 May Be Added to Fees  
8. This corporation owes the current year Intangible Personal Property Tax. [ ] Yes [X] No

2. Principal Place of Business  
21 5521 N.W 78 ave  
22 Suite, Apt. #, etc.  
23 City & State  
Mia, FL  
24 Zip  
33166  
25 Country  
U.S.A  
26 200 N.W 127 ST  
27 Suite, Apt. #, etc.  
28 City & State  
Mia, FL  
29 Zip  
33150  
30 Country  
U.S.A

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  
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 ERINES ELEAZAR 03-09-99

12. OFFICERS AND DIRECTORS  
TITLE D [ ] DELETE  
NAME ELEAZAR, ERINES  
STREET ADDRESS 278 N.W. 105TH STREET  
CITY-ST-ZIP MIAMI FL 33150  
TITLE D [ ] DELETE  
NAME OMELAR, AMOS  
STREET ADDRESS 200 N.W. 127 ST.  
CITY-ST-ZIP N. MIAMI FL 33168  
TITLE D [ ] DELETE  
NAME MARCAISSE, FANOR  
STREET ADDRESS 15120 N.E. 11 CT  
CITY-ST-ZIP N. MIAMI BEACH FL 33162  
TITLE D [ ] DELETE  
NAME JACQUES, JOSEPH  
STREET ADDRESS 520 N.W. 111 ST  
CITY-ST-ZIP MIAMI FL 33168  
TITLE D [ ] DELETE  
NAME MIRABEAU, JOSEPH  
STREET ADDRESS 1070 N.E. 174 ST  
CITY-ST-ZIP N. MIAMI BEACH FL 33162  
TITLE D [ ] DELETE  
NAME DIEUVILLE, MAXIME  
STREET ADDRESS 11611 W. BISCAYNE CANAL DR.  
CITY-ST-ZIP MIAMI FL 33150

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE [ ] Change [ ] Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(l), 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, with all other like empowered.

SIGNATURE: [Signature] 03-09-99 594-3333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)