

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90052 022 ***150.00

0221908

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

☒

\$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

☒ No

2. Principal Place of Business

21 5521 N.W. 78 ave

2a. Mailing Address

26 200 N.W. 127 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Mia, FL

City & State

28 Mia, FL

Zip

24 33166

Country

25 U.S.A

Zip

29 33150

Country

30 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-09-99 594-3333

CR2E034 (11/98)