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FILED
Jun 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000095092
1. Corporation Name

Florida Sky Cab, Inc

Principal Place of Business

Mailing Address

14044 SW 107 Terr Same
Miami, Florida 33186

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

11/6/97

4. FEI Number

65-0791870

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21 14044 SW 107 Terr

Suite, Apt. #, etc

22 Miami Florida

City & State

23 Zip

24 33186

Country

25 USA

26. Mailing Address

26 Same

Suite, Apt. #, etc

27 City & State

28 Zip

29

Country

30

9. Name and Address of Current Registered Agent

Jon Speisman
14044 SW 107 Terr
Miami, FL. 33186

10. Name and Address of New Registered Agent

E1 Name N/A

E2 Street Address (P.O. Box Number is Not Acceptable)

E3

E4 City

FL

E5 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 Jon Speisman, Pres

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

(Typed or printed name of registered agent and title if applicable)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY - ST - ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY - ST - ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY - ST - ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY - ST - ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY - ST - ZIP

1.25 TITLE

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY - ST - ZIP

1.29 TITLE

1.30 NAME

1.31 STREET ADDRESS

1.32 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, changed, or in an attachment with an address.

SIGNATURE: Jon Speisman, Pres. Jon Speisman

4-28-98

305-385-3915

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E004 (10/97)