

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

**FILED**  
**Apr 16 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S14569 (5)**

1. Corporation Name  
**KENDALL YELLOW TAXI, INC.**



Principal Place of Business <b>9620 NW 22 AVE                  MIAMI FL 33142</b>	Mailing Address <b>3620 NW 22 AVE                  MIAMI FL 33142-8305</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/27/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
21 Suite, Apt. #, etc.	26	27	28	4. FEI Number <b>65-0318157</b>	Applied For Not Applicable
22 City & State	27	27	28	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Country		25		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GONZALEZ, RODOLFO**  
**3620 NW 22 AVE**  
**MIAMI FL 33142**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>PD</b>	NAME <b>CHAVEZ, JUAN</b>	1.1 TITLE <b>Rody Gonzalez Pres.</b>
STREET ADDRESS <b>3620 NW 22 AVE</b>	CITY-ST-ZIP <b>MIAMI FL</b>	1.2 NAME
		1.3 STREET ADDRESS <b>3620 NW 22 Avenue</b>
		1.4 CITY-ST-ZIP <b>Miami, FL 33142</b>
TITLE <b>VSD</b>	NAME <b>PEREZ, ANTONIO</b>	2.1 TITLE
STREET ADDRESS <b>3620 NW 22 AVE</b>	CITY-ST-ZIP <b>MIAMI FL</b>	2.2 NAME
		2.3 STREET ADDRESS <b>3620 NW 22 AV</b>
		2.4 CITY-ST-ZIP <b>Miami FL 33142</b>
TITLE <b>POTD</b>	NAME <b>GONZALEZ, RODOLFO</b>	3.1 TITLE
STREET ADDRESS <b>3620 NW 22 AVE</b>	CITY-ST-ZIP <b>MIAMI FL</b>	3.2 NAME
		3.3 STREET ADDRESS
		3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME
		4.3 STREET ADDRESS
		4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME
		5.3 STREET ADDRESS
		5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME
		6.3 STREET ADDRESS
		6.4 CITY-ST-ZIP

14. I do 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: \_\_\_\_\_

CR2E034 (9/96)