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**

Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90033 047 ***150.00

DOCUMENT # S22985					
YELLOW CAB OPERATORS ASSOCIATION CHARGE ACCOUNT DIVISION, INC.				I HARIIDAA IYO MAHA IYOO XAADI IOYRI AYKA AY	BIO BIBIO BIBIO BIBIO BIBIO BIBIO BIBIO
Principal Play	ce of Rucinass	Mailing Address			
Principal Place of Business Mailing Address 3111 N.W. 27 AVE. P.O. BOX 420769			•		
MIAMI FL 33142 P.O. BOX 420769 MIAMI FL 33242					
US		US		DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualifed	
2. Principal F	Place of Business	2a. Mailing Address	<u> </u>	01/07/1991 4. FEI Number	
21		26		59-1796180	Applied For Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
	City & State City & State			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28		Trust Fund Contribution	Added to Fees
24	Country 25	Zip 29	Country 30	8. This corporation owes the current year	
	9. Name and Address of Curren		30	Personal Property Tax. 10. Name and Address of New Registers	Yes No
			81 Name	To. Harme and Francisco Of Itom Programme	ou Agent :
HERNANDEZ, GILBERT A			82 Street Add	· · · · · · · · · · · · · · · · · · ·	
3111 NW 27TH AVE			62 Street Addi	ress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33142		83			
			84 City		. 85 Zip Code
				<u> </u>	
	to the provisions of Sections 607 050				A
mince or r	enisieren anent <u>-et</u> nom in me state i	of Florida. Silich chande was aid	thorized by the composition	poration submits this statement for the purpose on's board of directors. I hereby accept the app	or changing its registered
mince or r	registered agent, or both, in the State im familiar with, and accept the obligation	of Florida. Silich chande was aid	thorized by the compositi	noration submits this statement for the purpose on's board of directors. I hereby accept the app	pointment as registered
mince or r	registered agent, or both, in the state of the familiar with, and accept the obline	of Florida. Such change was autitions of, Section 607.0505, Florid	thorized by the corporation da Statutes. TO HERNAM	DE2 / TW. /- 39	or changing its registered pointment as registered
agent. I a	registered agent, of north, in the State of mailiar with, and accept the obligation of registered agent	tions of, Section 607.0505, Florid	thorized by the compositi	on's board of directors. Thereby accept the application of the property of the	pointment as registered
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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.

CITY-ST-ZIP