ANNUAL REPORT	Sandra Secret	NTMENT OF STATE B. Morthem ary of State CORPORATIONS		1997 8:00an ary of State
OCUMENT # V249 Corporation Name SUNSHINE TAXI ASSOCIATION,				10 8 ¹ 81 81814 81814 81814 81814 81814 81814 8181
ncipal Place of Business 8 SOUTHWEST 9TH STREET IMI FL 33134	Mailing Address 4218 SOUTHWEST 9TH 8 MIAMI FL 33134-2822	STREET		
			3. Date Incorporated or Qualified 03/31/1992	3a. Date of Last Report 07/18/1996
Principal Place of Business	2a, Mailing Address 26		4. FEI Number 65-0407484	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	San
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
25 9, Name and Address of Ci	29	30	B. This corporation has liability fo Florida Statutes 10. Name and Address of New F	Yes No
		B4 City		85 Zip Code
	7.0502 and 607.1508, Florida Statu State of Florida. Such change was obligations of, Section 607.0505, F	utes, the above-named co authorized by the corpor lorida Statutes.	rporation submits this statement for the ation's board of directors. I hereby acc	purpose of changing its registered ept the appointment as registered
SNATURE Signature, typed or printed name of register	red agent and tille if applicable (NC	DTE: Registered Agent signature req	uired when reinstating)	DATE
SNATURE Stgraiture, typed or printed name of register OFFICERS F DS		(DATE
INATURE Stgruiture, typed or printed name of register OFFICERS F DS F GONZALEZ, MERCEDES	red agent and tille if applicable (NC S AND DIRECTORS	DTE: Registered Agent signature reg 13. 1.1 NTLE 1.2 NAME	uired when reinstating)	DATE
SNATURE Stgraiture, typed or printed name of register OFFICERS F DS	red agen: and tile if applicable (NC S AND DIRECTORS	DTE: Registered Agent signature reg 13. 1.1 NTLE	uired when reinstating)	DATE ICERS AND DIRECTORS IN 12
INATURE Stgrieture, typed or printed name of register OFFICERS E E E GONZALEZ, MERCEDES 4218 SW 9TH ST. MIAMI FL 33134 D	ed agent and tile if applicable (NC S AND DIRECTORS	DTE: Registered Agent signature reg 13. 1.1 NTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 ¢TY- ST- ZIP 2.1 NTLE	uired when reinstating)	DATE
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