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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V28054

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90248 044 ***150.00

1. Corporation	TAXI, INC.			() () () () () () () () () ()	ikh aral didil əkərk bibhi l	NINII NENEI AINIE 1886	
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Principal Place	e of Business	Mailing Address		(1991) Blidge (ligt lettle later a	·	_ `-	
521 NW 78 AV		200 NW 127 ST		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•		
Mami Fl 33168 Js		MIA FL 33168 US			TE IN THIS SPACE		
,,,		•		3. Date Incorporated or Qualifed		,	7
				05/19/1992		T T	4
	ace of Business 78 au	2a. Mailing Address 26 200 W. U	0 1275	4. FEI Number		Applied For	4
1 35 à	-, , , ,	26 200 N. U. Suite, Apt. #, etc.	$\frac{O}{1} \frac{1}{\alpha} \frac{1}{1} \frac{1}{3}$	65-0417652	6 \$8 7	Not Applicable 5 Additional	┨
Suite, Apt.:	#, eic.	27 Suite, Apr. #, etc.		5. Certifcate of Status Desired	(M)	e Required	
City & State	MI FL	City & State	, Fl	Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees	
Zip 33	166 25 11, S.A	Zip 22// 0	Country 30 U. S.A	This corporation owes the curr Personal Property Tax.	ent year Intangible	[A No	
	9. Name and Address of Current F			10. Name and Address of New I	Registered Agent		_
	1 FD 4140C		81 Name	•		1. S.	
	iler, amos NW 127TH St.		82 Street A	ddress (P.O. Box Number is Not Accept	able)		
	IAMI FL 33168		83				\dashv
				·		, -	_
			84 City		FL 85	Zip Code	
14 Pursuant	to the provisions of Sections 607,0502 a	and 607.1508. Florida Statute	s the above-named or	orporation submits this statement for the	purpose of changing	g its registered	_
II. I GIOGGIA	-internal amount on both in the Etate of	Elerida Such change was at	thorized by the corner	ation's board of directors. I hereby acce	of the appointment a	as registered	Ì
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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 of suppliemental 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 changes, or on an attractiment with an address, with all other like empowered.

SIGNATURE:

alure required CHEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR