

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

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

03-10-1999 90248 044 ***150.00

DOCUMENT # V38954

1. Corporation Name
DORAL TAXI, INC.

Principal Place of Business

5521 NW 78 AVE
MIAMI FL 33166
US

Mailing Address

200 NW 127 ST
MIA FL 33168
US

2. Principal Place of Business

21 5521 N.W 78 AVE

Suite, Apt. #, etc.

23 MIAMI, FL

24 33166 25 U.S.A

2a. Mailing Address

26 200 N.W 127 ST

Suite, Apt. #, etc.

28 MIAMI, FL

29 33168 30 U.S.A

9. Name and Address of Current Registered Agent

OMELER, AMOS
200 NW 127TH ST.
N. MIAMI FL 33168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1992

4. FEI Number

65-0417652

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 the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

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 AMOS OMELER

03-09-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE OD
NAME OMELER, AMOS
STREET ADDRESS 200 NW 127TH ST
CITY-ST-ZIP HIALEAH FL 33168

TITLE S
NAME ERINES, ELEAZAR
STREET ADDRESS 278 NW 105 ST
CITY-ST-ZIP MIAMI FL 33150

TITLE V
NAME MARCAISSE FANOR
STREET ADDRESS 15120 NW 11 CT.
CITY-ST-ZIP N. MIAMI BCH FL

TITLE T
NAME JOSEPH, JACQUES
STREET ADDRESS 520 NW 111 ST
CITY-ST-ZIP MIAMI FL 33168

TITLE C
NAME DIEUVEILLE MAXIME
STREET ADDRESS 11611 W. BISCAYNE R. DR.
CITY-ST-ZIP MIAMI FL

TITLE C
NAME MIRABEAU, JOSEPH
STREET ADDRESS 1070 N.E. 174 ST.
CITY-ST-ZIP NORTH MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

SIGNATURE REQUIRED

03-09-99 (305)594-3333

Date

Daytime Phone #

CR2E034 (11/98)