FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 17 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V57070** **(7)**

1. Corporation Name
DADE TAXI COUNCIL, INC.

Principal Place of Business	Mailing Address
401 E 1ST AVE HIALEAH FL 33010	401 E 1ST AVE HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/03/1992
3a. Date of Last Report: 05/10/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 65-0352205 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LAUFER, WILLIAM J.
401 E 1ST AVE
HIALEAH FL 33010

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 _____ DATE
(Signature required for printed name of registered agent and title, if applicable) (FAX'D: Registered Agent signature required when filed by fax)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	President ☐ Change ☐ Addition
NAME	LAUFER, WILLIAM J.	12 NAME	Laufer, William J.
STREET ADDRESS	185 W. 6TH ST.	13 STREET ADDRESS	185 W. 5th St.
CITY ST ZIP	HIALEAH FL	14 CITY ST ZIP	Hialeah, FL 33010
TITLE	~~D~~	21 TITLE	☐ Change ☐ Addition
NAME	~~LAUFER, WILLIAM J.~~	22 NAME	
STREET ADDRESS	~~185 W. 6TH ST.~~	23 STREET ADDRESS	
CITY ST ZIP	~~HIALEAH FL~~	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addi
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I 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 (changed) or on an attachment with an address.

SIGNATURE: William J. Laufer — William J. Laufer — 4/12/95 — (305) 888-82
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone