

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
 95 MAY 26 PM 8:30

CORPORATION ANNUAL REPORT 1995  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **V70728** (3)  
 1. Corporation Name  
**GABLES TAXI, INC.**

Principal Place of Business: **3374 S.W. 28 STREET MIAMI FL 33133**  
 Mailing Address: **3374 S.W. 28 STREET MIAMI FL 33133**

DO NOT WRITE IN THIS SPACE.  
 3. Date Incorporated or Qualified: **10/06/1982**  
 3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)  
 4. FEI Number: **65-0474948** Applied For:  Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing:  \$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: **QUINTANA, ALBERTO 3374 S.W. 28 STREET MIAMI FL 33133**  
 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: \_\_\_\_\_ (Signature, typed or printed name of registered agent and the # associated) (NOTE: Registered Agent signature required when resigning) DATE

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|----------------------|---|--|
| TITLE                      | D                    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | QUINTANA, ALBERTO    | 1.2 NAME  |  |
| STREET ADDRESS             | 3374 S.W. 28 STREET  | 1.3 STREET ADDRESS                                    |  |
| CITY ST - ZIP              | MIAMI FL             | 1.4 CITY ST - ZIP                                     |  |
| TITLE                      | D                    | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | QUINTANA, LAURENTINO | 2.2 NAME  |  |
| STREET ADDRESS             | 3374 S.W. 28 STREET  | 2.3 STREET ADDRESS                                    |  |
| CITY ST - ZIP              | MIAMI FL             | 2.4 CITY ST - ZIP                                     |  |
| TITLE                      | P                    | 3.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | MERSKY, GERALD       | 3.2 NAME  | SILVIO ROMANIEZ  |
| STREET ADDRESS             | 1273 SW 75 ST        | 3.3 STREET ADDRESS                                    | 1820 SW 84 AVE.  |
| CITY ST - ZIP              | MIAMI FL             | 3.4 CITY ST - ZIP                                     | MIAMI FL 33155   |
| TITLE                      | D                    | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | GONZALEZ, JOSE F     | 4.2 NAME  |  |
| STREET ADDRESS             | 2000 S.W. 63RD CT.   | 4.3 STREET ADDRESS                                    |  |
| CITY ST - ZIP              | MIAMI FL             | 4.4 CITY ST - ZIP                                     |  |
| TITLE                      | VP                   | 5.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | NARANJO, LUIS        | 5.2 NAME  | TOMAS ROMANIEZ   |
| STREET ADDRESS             | 6145 NW 38 AVE       | 5.3 STREET ADDRESS                                    | 1000 W. FLAGLER LOT B 228  |
| CITY ST - ZIP              | MIAMI FL             | 5.4 CITY ST - ZIP                                     | MIAMI FL 33172   |
| TITLE                      | D                    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MACIAS, JOSE         | 6.2 NAME  |  |
| STREET ADDRESS             | 4371 SW 1ST          | 6.3 STREET ADDRESS                                    |  |
| CITY ST - ZIP              | MIAMI FL 33147       | 6.4 CITY ST - ZIP                                     |  |

14. I do 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)(b), 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.

SIGNATURE: *Alberto Quintana* (Signature) **ALBERTO QUINTANA** (Typed Name)  
 Date: **5-22-94** (Date)  
 Division: **444-7451** (Division Name)