

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Feb 26 1996 8:00 am  
Secretary of State

**DOCUMENT # J99556 (9)**

1. Corporation Name  
**BUS SALES, SERVICE & REPAIRS OF MIAMI INC.**



Principal Place of Business: 7680 NW 63 ST, 10000 NW 135TH ST, MIAMI FL 33166, US  
Mailing Address: 2595 N.W. 20TH ST, 10000 NW 135TH ST, MIAMI FL 33142, US

3. Date Incorporated or Qualified: 10/26/1987  
3a. Date of Last Report: 04/04/1995  
4. FEI Number: 65-0031376  
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

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-28)  
21 State, Apt. #, etc.:  
22 City & State:  
23 Zip, Country:  
24  
25  
26 7680 N.W. 63 St.  
27 Suite, Apt. #, etc.:  
28 Miami Fl.  
29 Zip: 33166  
30 Country:

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**HERNANDEZ, DIAMS**  
9990 N.W. 135TH ST.  
HIALEAH GARDENS FL 33016

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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, as to 1 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, FRANCISCO S	1.2 NAME	
STREET ADDRESS	9990 NW 135TH ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH GARDENS FL	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, FRANCISCO J	2.2 NAME	
STREET ADDRESS	10050 NW 135 ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH GARDENS FL	2.4 CITY - ST - ZIP	
TITLE	VPO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, DIMAS	3.2 NAME	
STREET ADDRESS	9990 NW 135TH ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH GARDENS FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(k), 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:**

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E034 (12/95)