

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L56990 (9)**

1. Corporation Name  
**EIGHTS CAB, INC.**



Principal Place of Business 1995 N.E. 142ND STREET C/O EDWARD STEINBERG NORTH MIAMI FL 33181	Mailing Address 4995 NE 142ND STREET C/O EDWARD STEINBERG NORTH MIAMI FL 33181 <i>One Riverway STE 500 Houston, TX 77036</i>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>03/08/1990</b>	
4. FEI Number <b>65-0121287</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ZILBER, SIGMUND**  
**1995 N.E. 142ND STREET**  
**NORTH MIAMI FL 33181**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	B5 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STEINBERG, EDWARD</b>	
STREET ADDRESS	<b>1995 N.E. 142ND STREET</b>	
CITY-ST-ZIP	<b>N. MIAMI FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ZILBER, SIGMUND</b>	
STREET ADDRESS	<b>1995 N.E. 142ND STREET</b>	
CITY-ST-ZIP	<b>N. MIAMI FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>ZILBER, MARTIN</b>	
STREET ADDRESS	<b>1995 NE 142ND ST</b>	
CITY-ST-ZIP	<b>N MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS	<i>See Attached</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
*Mark P. Zilber President Alzela & Co. (607) 244-4777*

CP2E034 (10/97)

**Eights Cab, Inc.**

**Stephanie Thomas** **Assistant Corporate Secretary**

Primary Address: Coach USA, Inc.  
One Riverway, Suite 500  
Houston, TX 77056-1903 USA

**Raymond Turner** **Treasurer**

Primary Address: Coach USA, Inc.  
One Riverway, Suite 500  
Houston, TX 77056-1903 USA

**Assistant Corporate Secretary**

Primary Address: Coach USA, Inc.  
One Riverway, Suite 500  
Houston, TX 77056-1903 USA

**Steve Zellers** **Assistant Corporate Secretary**

Primary Address: Coach USA, Inc.  
One Riverway, Suite 500  
Houston, TX 77056-1903 USA

**Martin G. Zilber** **President**

Primary Address: Metro Transportation Services, Inc.  
1995 Northeast 142nd Street  
North Miami, FL 33181 USA

**Directors, Officers Report**

**Eights Cab, Inc.**

April 29, 1998

**DIRECTORS**

**Douglas M. Cerny** **Director**  
Primary Address: Coach USA, Inc.  
One Riverway, Suite 500  
Houston, TX 77056-1903 USA

**Richard H. Kristinik** **Director**  
Primary Address: Coach USA, Inc.  
One Riverway, Suite 500  
Houston, TX 77056-1903 USA

**John Mercadante, Jr.** **Director**  
Primary Address: Coach USA, Inc.  
One Riverway, Suite 500  
Houston, TX 77056-1903 USA

**OFFICERS**

**Douglas M. Cerny** **Vice President**  
Primary Address: Coach USA, Inc.  
One Riverway, Suite 500  
Houston, TX 77056-1903 USA

**Corporate Secretary**  
Primary Address: Coach USA, Inc.  
One Riverway, Suite 500  
Houston, TX 77056-1903 USA

**Lawrence King** **Chief Financial Officer**  
Primary Address: Coach USA, Inc.  
One Riverway, Suite 500  
Houston, TX 77056 USA

**Richard H. Kristinik** **Chief Executive Officer**  
Primary Address: Coach USA, Inc.  
One Riverway, Suite 500  
Houston, TX 77056-1903 USA