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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 4:08

DO NOT WRITE IN THIS SPACE.

DOCUMENT # 215436 (7)

1. Corporation Name

GREYHOUND LEISURE SERVICES, INC.

Principal Place of Business
8052 NW 14TH STREET
P.O. BOX 592355
MIAMI FL 33126

Mailing Address
8052 NW 14TH STREET
P.O. BOX 592355
MIAMI FL 33126

3. Date Incorporated or Qualified: 09/13/1958

3a. Date of Last Report: 01/21/1994

4. FEI Number: 59-0061608 ☐ Applied For ☐ Not Applicable

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

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**

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	EMERSON, FREDERICK G
STREET ADDRESS	111 W CLARENDON
CITY-ST-ZIP	PHOENIX AZ
TITLE	PD
NAME	MIQUEL, JEAN-PIERRE
STREET ADDRESS	8052 N.W. 14TH STREET
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	TEETS, JOHN W
STREET ADDRESS	111 W CLARENDON AVE
CITY-ST-ZIP	PHOENIX AZ
TITLE	VS
NAME	MERHIGE, MICHAEL
STREET ADDRESS	8052 N.W. 14TH STREET
CITY-ST-ZIP	MIAMI FL
TITLE	VPT
NAME	NELSON, RONALD G.
STREET ADDRESS	111 W CLARENDON AVE
CITY-ST-ZIP	PHOENIX AZ
TITLE	VP
NAME	FERNANDEZ, JORGE A
STREET ADDRESS	8052 NW 14TH ST
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Jorge A Fernandez VPCFO Jan 9/95 (305) 74-5306 ext. 166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #