

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

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 215436 (7)
1. Corporation Name
GREYHOUND LEISURE SERVICES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 4:08

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

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	2b	09/13/1958	01/21/1994
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
23 City & State	28 City & State	59-0361903	Not Applicable
24 Zip	25 Country	29 Zip	30 Country
26	29	30	

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 of Registered Agent or Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMERSON, FREDERICK G	1.2 NAME	
STREET ADDRESS	111 W CLARENDON	1.3 STREET ADDRESS	
CITY, ST, ZIP	PHOENIX AZ	1.4 CITY, ST, ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIQUEL, JEAN-PIERRE	2.2 NAME	
STREET ADDRESS	8052 N.W. 14TH STREET	2.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEETS, JOHN W	3.2 NAME	
STREET ADDRESS	111 W CLARENDON AVE	3.3 STREET ADDRESS	
CITY, ST, ZIP	PHOENIX AZ	3.4 CITY, ST, ZIP	
TITLE	VS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERHIGE, MICHAEL	4.2 NAME	
STREET ADDRESS	8052 N.W. 14TH STREET	4.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	4.4 CITY, ST, ZIP	
TITLE	VPT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, RONALD G.	5.2 NAME	
STREET ADDRESS	111 W CLARENDON AVE	5.3 STREET ADDRESS	
CITY, ST, ZIP	PHOENIX AZ	5.4 CITY, ST, ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, JORGE A	6.2 NAME	
STREET ADDRESS	8052 NW 14TH ST	6.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	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 110.07(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 recipient or trustee empowered to execute this report as required by Chapter 307, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Jorge A Fernandez VP CFO* Jan 9/95 (30) 34-9308
 (NAME AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Signature)