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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 549429

	n Name					
J. BALS	era, school bus servi	CE, INC.				
	,				4 100/04 07/07 0/07/0 70/07 0/07 0/07 0/07/0 1/07/0)
Principal Plac	e of Business	Mailing Address				
5155 N.W. 4TH		5155 N.W. 4TH ST	reet			
MIAMI FL 3312	16 ·	MIAMI FL 33126			DO NOT WRITE IN TH	IS SPACE
					3. Date Incorporated or Qualifed	
. ,					10/18/1977	
2. Principal P	Place of Business	2a. Mailing Addre	ess	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	- Applied For
21		26			59-1791209	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27	•			Fee Required
Citý & Stat	te	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28		untry	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	30	untry	This corporation owes the current year I Personal Property Tax.	Intangible No
24	9. Name and Address of Currer		[30]		10. Name and Address of New Registere	
	5. Hallo dila Pada dos of Carlos	tt (tagiotora) tgont		81 Name	To. Marie and Ma	
BAL	SERA, JULIO	* * * 1 994		00 00 110	· · · · · · · · · · · · · · · · · · ·	· · · · ·
5153	3 NW 4TH STREET	- r - w		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
4 MIAI	MI FL 33126			83		。"事事的是'恐怖'被
				84 City	「	. 85 Zip Code
₩ .				1	F	LII
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florid	la Statutes, the	above-named corp	poration submits this statement for the purpose	of changing its registered
oπice or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida: Such chang itions of, Section 607.0	je was authorize 505, Florida Sta	tutes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	comment as registered
SIGNATURE						
	Signature, typed or printed name of registered age					
12.	0.000.000.44				ed when reinstating) DATE	AND BUDGOTODO III 40
	,	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD		13. ELETE 1.11	TITLE	· · · · · · · · · · · · · · · · · · ·	AND DIRECTORS IN 12 Change Addition
TITLE .	PD Balsera, Esther	ID DIRECTORS	13. LETE 1.11 1.21	TITLE NAME	ADDITIONS/CHANGES TO OFFICERS A	
TITLE NAME STREET ADDRESS	PD Balsera, Esther 5153 NW 4TH ST	ID DIRECTORS	13. LETE 1.11 1.2 M 1.3 S	TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	
NAME STREET ADDRESS CITY-ST-ZIP	PD BALSERA, ESTHER 5153 NW 4TH ST MIAMI FL	ID DIRECTORS	13. LETE 1.17 1.2N 1.3 \$ 1.4 C	TITLE VAME STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD BALSERA, ESTHER 5153 NW 4TH ST MIAMI FL STD	ID DIRECTORS	13. LETE 1.11 1.26 1.35 1.40 LETE 2.11	NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	☐ Change ☐ Addition
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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, pr on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90043 037 ***150.00