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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F42507 (6)
1. Corporation Name
AMERICAN BUS LINES, INC.



Principal Place of Business
11077 NW 36TH AVENUE
MIAMI FL 33167

Mailing Address
11077 NW 36TH AVENUE
MIAMI FL 33167-3711

3. Date Incorporated or Qualified
09/01/1981

3a. Date of Last Report
05/01/1996

4. FEI Number
59-2228740

Applied For
Not Applicable

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. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Legal Dept.

One Riverway, Suite 600

Houston, Texas

77056-1903

9. Name and Address of Current Registered Agent

CICERONE, LOUIS R.
11077 NW 36TH AVE
MIAMI FL 33167

10. Name and Address of New Registered Agent

81. Name
CORPORATION SERVICE COMPANY

82. Street Address (Post Office Box Number Not Acceptable)
1201 HAYS STREET

83.

84. City
TALLAHASSEE

85. Zip Code
FL 32301

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 DEBORAH D. SKIPPER, AS AGENT Deborah D. Skipper, Agent 4/24/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☒ DELETE
NAME SEGAL, NORTON M.
STREET ADDRESS 11077 NW 36TH AVENUE
CITY-ST-ZIP MIAMI FL 33167

TITLE PD ☐ DELETE
NAME CICERONE, LOUIS R.
STREET ADDRESS 11077 NW 36TH AVENUE
CITY-ST-ZIP MIAMI FL 33167

TITLE DS ☐ DELETE
NAME LEBLANG, DAVID
STREET ADDRESS 11077 NW 36TH AVENUE
CITY-ST-ZIP MIAMI FL 33167

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE v/b/s ☐ Change ☒ Addition
1.2 NAME Douglas M. Cerny
1.3 STREET ADDRESS One Riverway, Suite 600
1.4 CITY-ST-ZIP Houston, Texas 77056-1903

2.1 TITLE AS ☐ Change ☒ Addition
2.2 NAME Raymond K. Turner
2.3 STREET ADDRESS One Riverway, Suite 600
2.4 CITY-ST-ZIP Houston, Texas 77056-1903

3.1 TITLE AS ☐ Change ☒ Addition
3.2 NAME Steven T. Zellers
3.3 STREET ADDRESS One Riverway, Suite 600
3.4 CITY-ST-ZIP Houston, Texas 77056-1903

4.1 TITLE AS ☐ Change ☒ Addition
4.2 NAME Rebecca S. Buchanan
4.3 STREET ADDRESS One Riverway, Suite 600
4.4 CITY-ST-ZIP Houston, Texas 77056-1903

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: Rebecca S. Buchanan
Signature and typed or printed name of signing officer or director
Rebecca S. Buchanan, Asst. Secretary

April 23, 1997 713-888-0104
Date Daytime Phone

0229480

CR2E034 (9/96)