

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

**FILED**  
**May 14 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 # F51269 (1)**

1. Corporation Name  
**MIAMI BUS AND LIMO INC.**



Principal Place of Business <b>5240 NW 163 STREET                  MIAMI FL 33014                  US</b>	Mailing Address <b>5240 NW 163RD STREET                  MIAMI FL 33014                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 10330 S.W. 37 ST.</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 MIAMI, FL</b> Zip <b>24 33165</b>	2a. Mailing Address <b>26 10330 S.W. 37 ST.</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 MIAMI, FL</b> Zip <b>29 33165</b>	Country <b>25 DADE</b>	Country <b>30 DADE</b>
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3. Date Incorporated or Qualified <b>10/27/1981</b>	4. FEI Number <b>59-2146891</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 <b>GARCIA, GUILLERMO JR                  5240 NW 163 ST                  MIAMI FL 33014</b>	10. Name and Address of New Registered Agent <table border="1"> <tr> <td>81 Name</td> <td></td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td><b>10330 S.W. 37 ST.</b></td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td><b>MIAMI</b></td> </tr> <tr> <td>85 Zip Code</td> <td><b>FL 33165</b></td> </tr> </table>	81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	<b>10330 S.W. 37 ST.</b>	83		84 City	<b>MIAMI</b>	85 Zip Code	<b>FL 33165</b>
81 Name											
82 Street Address (P.O. Box Number is Not Acceptable)	<b>10330 S.W. 37 ST.</b>										
83											
84 City	<b>MIAMI</b>										
85 Zip Code	<b>FL 33165</b>										

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARCIA, GUILLERMO, JR.</b>	1.2 NAME	
STREET ADDRESS	<b>3905 NW 31 AVE.</b>	1.3 STREET ADDRESS	<b>10330 S.W. 37 ST.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FL 33165</b>
TITLE	<b>S</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARCIA, LIANA</b>	2.2 NAME	
STREET ADDRESS	<b>3905 NW 31 AVE.</b>	2.3 STREET ADDRESS	<b>10330 S.W. 37 ST.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	<b>MIAMI, FL 33165</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 \_\_\_\_\_  
**Guillermo Garcia Jr - Pres 4-20-98 305-228-2421**

CF2E034 (10/97)