

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

FILED  
Apr 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H28108**  
1. Corporation Name  
**KLASSIC COACH SERVICES, INC.**

(9)

Principal Place of Business  
**7187 NO WATERWAY DRIVE  
MIAMI FL 33155**

Mailing Address  
**7187 NO WATERWAY DRIVE  
MIAMI FL 33155**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/31/1984</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>59-2471237</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	28. Zip	30. Country	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

**ALUNSO, WILLIAM  
14200 SW 16 TERRACE  
MIAMI FL 33175**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11. TITLE	12. NAME
STREET ADDRESS	7187 N.WATERWAY DR.	13. STREET ADDRESS	14. CITY-ST-ZIP
CITY-ST-ZIP	MIAMI FL	21. TITLE	22. NAME
TITLE	STD	23. STREET ADDRESS	24. CITY-ST-ZIP
NAME	DE LA VICTORIA, JOSEFA	31. TITLE	32. NAME
STREET ADDRESS	7187 N.WATERWAY DR.	33. STREET ADDRESS	34. CITY-ST-ZIP
CITY-ST-ZIP	MIAMI FL	41. TITLE	42. NAME
TITLE		43. STREET ADDRESS	44. CITY-ST-ZIP
NAME		51. TITLE	52. NAME
STREET ADDRESS		53. STREET ADDRESS	54. CITY-ST-ZIP
CITY-ST-ZIP		61. TITLE	62. NAME
TITLE		63. STREET ADDRESS	64. CITY-ST-ZIP
NAME			
STREET ADDRESS			
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:

*X. [Signature]*

3-26-98

315-261-4083

CR2E034 (10/97)