	PROFIT RRORATION UAL REPORT	FLORIE	DA DEPARTMEN Sandra B. Morti Secretary of St	ham		LED	
	1996	Divis	SION OF CORPC		May 01 1		
DOCU	MENT # J11	581 (2)		Secreta	ry of State	e
	ICAN COACH LINES, II	NC.					
Principal Plac	e of Business	Mailing Address		·····	{	1101 01011 01011 91411 01	UI DIEN UDN KUU
11077 NW 3 Miami FL 33		11077 NW 361 Miami FL 331					
					3. Date Incorporated or Qualified 04/28/1986	3a. Date of Last 04/04/1	Report 995
	face of Business	2a. Mailing Addr	ess		4. FET Number 59-2663 132		Applied For
sti Suite, Apt.	. #, etc.	26 Suite, Apt. #	, etc.		5. Certificate of Status Desired		Not Applicable
2 City & Stat	te	27 City & State			6. Election Campaign Financing	LV Fe	e Required
3 Zip		28			Trust Fund Contribution	L.J Add	00 May Be led to Fees
21p [4]	Country 25	29 29	30	ountry	8. This corporation has liability for in Florida Statutes	No No	s 199.032,
	9. Name and Address of 6	Current Registered Agent		B1 Name	10. Name and Address of New Re	egistered Agent	
CICERONE, LOUIS R.				82 Street Add	ress (P.O. Box Number is Not Acceptabl	0)	
	NW 36TGH AVE FL 33167			83			
				84 City		95	Zin Code
11. Pursuarit	to the provisions of Sections 60	7 0502 and 607 1508 Florid	a Statu tas the el	84 City	ration submits this statement for the num	FL	Zip Code
or realsre	to the provisions of Sections 60 red agent, or both, in the State c vith, and accept the obligations o	h Fiosda, Such chanee was,	authori ze d ha the	baye named corpo	ration submits this statement for the purp rd of directors. I hereby accept the appo	FL	, repictored office
or registe familiar w	ered adent or both in the state o	M Florida Such change was 1. Soction 607.0505, Florida	authorized by the Statutes.	baye named corpo	rrd of directors. I hereby accept the appo	FL	, repictored office
or registe familiar w SIGNATURE 12.	red agent, of both, in the state o vith, and accept the obligations o signature, typed or printed mark of register	ed agent ar of Mic Fagelicable RS AND DIRECTORS	Authorized by the Statutes. (NOTE: Register 13	Dove-named corpo e corporation's boa red Agent Synature require 1.	rrd of directors. I hereby accept the appo	DATE CERS AND DIRECT	s registered office ad agent. I am
or registe familiar w SIGNATURE 12. TILE	Signature, typed or jointst nor a project of CICERONE, LOUIS R.	of Florida, Such change was 1. Soction 607.0505, Florida ed agent ard the Fagel cable	(NOTE: Register (NOTE: Register 13 ETE 1.1	bove-named corpo e corporation's boa	rd of directors. Thereby accept the appo	DATE	s registered office ad agent. I am
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