FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 11:39

DOCUMENT # **J99556** **(9)**

1. Corporation Name

BUS SALES, SERVICE & REPAIRS OF MIAMI INC.

Principal Place of Business	Mailing Address
2595 N.W. 20TH ST 10000 NW 135TH ST MIAMI FL 33142 US	2595 N.W. 20TH ST 10000 NW 135TH ST MIAMI FL 33142 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/26/1987
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business — 21: 7690 N.W 63 St.
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23: Miami, Fl.
City & State — 28:
Zip — 24: 33166
Country — 25: USA.
Zip — 29:
Country — 30:

4. FEI Number: 65-0031376 ☐ 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

9. Name and Address of Current Registered Agent

HERNANDEZ, DIAMS
9990 N.W. 135TH ST.
HIALEAH GARDENS FL 33016

10. Name and Address of New Registered Agent

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

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	PST	11 TITLE D	D	☒ Change ☐ Addition
NAME	HERNANDEZ, FRANCISCO	12 NAME	Hernandez Francisco SR.	
STREET ADDRESS	9990 NW 135TH ST	13 STREET ADDRESS	9990 N.W 135th St.	
CITY-ST-ZIP	HIALEAH GARDENS FL	14 CITY-ST-ZIP	Hialeah Gardens, Fl 33016	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	HERNANDEZ, FRANCISCO	22 NAME		
STREET ADDRESS	9990 NW 135TH ST	23 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH GARDENS FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE PD	Hernandez, Francisco, JR	☒ Change ☐ Addition
NAME	HERNANDEZ, FRANCISCO, JR	32 NAME	10050 N.W. 135 St.	
STREET ADDRESS	9990 NW 135TH ST	33 STREET ADDRESS	Hialeah Gardens, Fl 33016	
CITY-ST-ZIP	HIALEAH GARDENS FL	34 CITY-ST-ZIP		
TITLE		41 TITLE V.P. D	Dimas Hernandez	☐ Change ☐ Addition
NAME		42 NAME	9990 N.W 135th St.	
STREET ADDRESS		43 STREET ADDRESS	Hialeah Gardens, Fl 33016	
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Francisco Hernandez SR 3-30-95 305-635-2713
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0193112 CP