

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 26 1996 8:00 am
Secretary of State

DOCUMENT # J99556 (9)

1. Corporation Name

BUS SALES, SERVICE & REPAIRS OF MIAMI INC.



Principal Place of Business

Mailing Address

7680 NW 63 ST
10000 NW 135TH ST
MIAMI FL 33166
US

2595 N.W. 20TH ST
10000 NW 135TH ST
MIAMI FL 33142
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

26 7680 N.W. 63 ST.

27 Suite, Apt. #, etc.

28 Miami FL.

29 Zip Country

30 33166

3. Date Incorporated or Qualified
10/26/1987

3a. Date of Last Report
04/04/1995

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

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME: HERNANDEZ, FRANCISCO S
STREET ADDRESS: 9990 NW 135TH ST.
CITY - ST - ZIP: HIALEAH GARDENS FL

TITLE PD ☐ DELETE

NAME: HERNANDEZ, FRANCISCO J
STREET ADDRESS: 10050 NW 135 ST
CITY - ST - ZIP: HIALEAH GARDENS FL

TITLE VPD ☐ DELETE

NAME: HERNANDEZ, DIMAS
STREET ADDRESS: 9990 NW 135TH ST.
CITY - ST - ZIP: HIALEAH GARDENS FL

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY - ST - ZIP:

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)