


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

FILED

Feb 10 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # J99556 (9) 1. Corporation Name BUS SALES, SERVICE & REPAIRS OF MIAMI INC. | | | | | |
| Principal Place of Business 7680 NW 63 ST 10000 NW 135TH ST MIAMI FL 33166 US | | | Mailing Address 7680 NW 63RD STREET MIAMI FL 33168-3808 US | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28 | | 3. Date Incorporated or Qualified 10/26/1987 3a. Date of Last Report 02/26/1996 | |
| 21 | | 25 | | 4. FEI Number 65-0031376 Applied For Not Applicable | |
| 22 | | 26 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | | 28 | | 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| 12. OFFICERS AND DIRECTORS 1.1 TITLE D 1.2 NAME HERNANDEZ, FRANCISCO S 1.3 STREET ADDRESS 9990 NW 135TH ST. 1.4 CITY-ST-ZIP HIALEAH GARDENS FL 1.5 TITLE PO 1.6 NAME HERNANDEZ, FRANCISCO J 1.7 STREET ADDRESS 10050 NW 135 ST 1.8 CITY-ST-ZIP HIALEAH GARDENS FL 1.9 TITLE VPD 1.10 NAME HERNANDEZ, DIMAS 1.11 STREET ADDRESS 9990 NW 135TH ST. 1.12 CITY-ST-ZIP HIALEAH GARDENS FL 1.13 TITLE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP 1.17 TITLE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY-ST-ZIP | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.5 TITLE 2.6 NAME 2.7 STREET ADDRESS 2.8 CITY-ST-ZIP 2.9 TITLE 2.10 NAME 2.11 STREET ADDRESS 2.12 CITY-ST-ZIP 2.13 TITLE 2.14 NAME 2.15 STREET ADDRESS 2.16 CITY-ST-ZIP 2.17 TITLE 2.18 NAME 2.19 STREET ADDRESS 2.20 CITY-ST-ZIP | | | | | |
| 14. I do 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 included 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 | | | | | |



CR2E034 (9/96)