

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

FILED

Apr 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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 105TH ST  
MIAMI FL 33166  
US

Mailing Address  
7680 NW 63RD STREET  
MIAMI FL 33166  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 7680 NW 63 ST.		26 7680 NW 63RD STREET		10/26/1987	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 Miami, FL		28 City & State		65-0031376	
24 33166		29 21.S.G.		5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				Applied For	
				Not Applicable	
				8.75 Additional Fee Required	
				5.00 May Be Added to Fees	
				Yes	
				No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HERNANDEZ, DIMAS DIMAS 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	ST VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	HERNANDEZ, FRANCISCO S		1.2 NAME	Luisa Hernandez			
STREET ADDRESS	9990 NW 135TH ST.		1.3 STREET ADDRESS	9990 NW 135th St.			
CITY-ST-ZIP	HIALEAH GARDENS FL		1.4 CITY-ST-ZIP	Hialeah gardens, FL 33016			
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HERNANDEZ, FRANCISCO J		2.2 NAME				
STREET ADDRESS	10050 NW 135 ST		2.3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH GARDENS FL		2.4 CITY-ST-ZIP				
TITLE	VPD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HERNANDEZ, DIMAS		3.2 NAME				
STREET ADDRESS	9990 NW 135TH ST.		3.3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH GARDENS FL		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 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 \_\_\_\_\_

CR2E034 (10/97)