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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L53

L53290

(7)

SUPERBUS CHARTERS & TOURS INC.

FILED Mar 04 1998 8:00am Secretary of State

Principal Place	of Business	Mailing Address						
9180 N W 111		P O BOX 2488						
HIALEAH GAR US	IDEN FL 33018	HIALEAH FL 33012 US			DO NOT WR	ITE IN THIS S	PACE	
00		00			3. Date Incorporated or Qualifie			, "
					02/27/1990			
	ace of Business	2a. Mailing Address		_	4. FEI Number		Ap	plied For
	W 68 St.	26 SAME AS	460	ve	65-0179861			t Applicable
Suite, Apt.	i, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	
22	TEAL	City P. Ctata					Fee Re	
		City & State			Election Campaign Financing Trust Fund Contribution	, D	\$5.00 Added 1	
23 7-/ Zip	Country	28 Zip	Country		8. This corporation owes or has			
330	<i>'</i>	<u>├</u> ─┐ '	30		Personal Property Tax due Ju	· —] No
.4,	9. Name and Address of Curre		1001		10. Name and Address of New			
Al (ONSO, ESTHER CASTRO		81	Name				
	SO W. 11TH COURT		82	Street Add	ress (P.O. Box Number is Not Accep	iteble)		
	LEAH FL 33012		32	Olioot Addi	TOO TO TOO TOO TO THE TOO TOO TOO			
			83					
			84	City			85 Žip (Code
				· -		FL	1 1	
11. Pursuant to	o the provisions of Sections 607.050 ogistered agent, or both, in the State in familiar with, and accept the oblig	02 and 607.1508, Florida Statule o of Florida. Such change was a nations of, Section 607.0505, Flo	es, the abovi authorized by orida Statute:	e-named corp y the corporat s.	poration submits this statement for the tion's board of directors. I hereby ac	e purpose of cept the appo	changing it pintment as	s registered registered
agent. i ar								
SIGNATURE .								
SIGNATURE	Signature, typed or printed name of registered ag	est and title if applicable (NOTI	E. Registered Agi		red when reinstaling}	DATE		
SIGNATURE :	Signature, typed or printed name of registered ag OFFICERS AN	rest and tille if applicable (NOTI	E Registered Age			DATE	DIRECTOR	S IN 12
SIGNATURE 12.	Signature, typed or printed name of registered ag OFFICERS AN	est and title if applicable (NOTI	E Registered Age 13. 1.1 TITLE		red when reinstaling}	DATE		S IN 12
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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.

CICHATURE.

Ester (Alons

2/26/98

305) 887-9264

R2E034 (10/97)