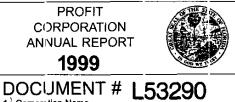
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999

1.1 Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90045 032 \*\*\*150.00

SUPERBUS CHARTERS & TOURS INC.								
<u> </u>	······							
Principal Place		Mailing Address						
1181 W 68TH ST P O BOX 2488 HIALEAH FL 33014 HIALEAH FL 33012								
HIALEAH FL 33014 HIALEAH FL 33012 US US						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		
· 						02/27/1990		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26				65-0179861		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75			
22		27			Fee Re			
- City & State		City & State		6. Election Campaign Financing	\$5.00			
23		Zip Country		Trust Fund Contribution	Added t	.o rees		
Zip Country					This corporation owes the current year in Personal Property Tax.	tang≀ble ☐ Yes	∃No	
24	9. Name and Address of Current	Registered Agent	1301			10. Name and Address of New Registers		-=
	3. Hame and Address of Odifem	Registered Agent		81	Name			
ALONSO, ESTHER CASTRO								
6750 W. 11TH COURT				82	Street A	Address (P.O. Bo) Number is Not Acceptable)		
HIALEAH FL 33012				83				
			ļ					
				84	City	Fi	85 Zip (	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named 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 approximent as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approximent as registered agent, or both, in the State of Florida.								registered
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	∶f Florida. Such change was⊸	authorized	l by 1	he corpo	oration's board of directors. I hereby accept the appo	intment as re	g stered
SIGNATUFE	The ranking with, and alloopt the obligation	5115 61, GGGGGT GGT .0000) * .						
SIGNATURE	Signature, typed or printed na ne of registered agent	and title if applicable (NOT	: Registered	Agent	signature re	equired when reinstating) DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	☐ DELETE	1.1 717		1		Change	Addition
NAME	RODRIGUEZ,PEDRO G.,JR.			1.2 NAME				
STREET ADDRESS	6750 W. 11TH COURT				ADDRESS			
CITY-ST-ZIP	HIALEAH FL	DELETE	1,4 Cil		-ZIP		Change	☐ Addition
TITLE	TD DODDICUEZ DALIL ENDIQUE	∟ DELETE	2.1 Til				[] Onlange	C Addition
NAME	RODRIGUEZ, RAUL ENRIQUE 6750 W. 11TH COURT		2.2 NA		*********			
STREET ADDRESS	HIALEAH FL		1		ADDRESS			
CITY-ST-ZIP TITLE	SD	☐ DELETE	2.4 CITY-1		1-ZIP		Change	Addition
NAME	ALONSO, JORGE LUIS	E 9000114	3.2 NAME		1			_
STREET ADDRESS	6750 W. 11TH COURT			3 3 STREET ADD				
CITY-ST-ZIP	HIALEAH FL		3.4. CF					
TITLE	VD	☐ DELETE	4.1 TIT				Change	Addition
NAME	ALONSO, JUAN		•	4. 2 NAME				Ì
STREET ADDRESS	6750 W. 11TH COURT			4 3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL			4.4 CITY-ST-				
TITLE	D	☐ DELETE	_	5.1 TITLE			Change	☐ Addition
NAME	ALONSO, ESTHER CASTRO		5.2 NA	5.2 NAME				
STREET ADDRE 3S	6750 W 11TH COURT		5.3 ST	REET	ADDRESS			
CITY-ST-ZIP	HIALEAH FL		5 4 CF	54 CITY-ST-				
TITLE	D	☐ DELETE	6.1 TIT	6.1 TITLE			Change	☐ Addition
NAME	ALONSO, WALTER		6.2 NA	6.2 NAME				Ì
STREET ADDRESS	6750 W 11 CT		6.3 ST	REET	ADDRESS			
	HIM EAH EI		64 CF	TY-ST	-7IP			

14. I hereb / 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 and on an attachment with an address, with a lother like empowered.

SIGNATURE:

RE AND TYPED OR I RINTED NAME OF SIGNING OFFICES: OR DIRECTOR

Daytime Phone #