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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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1. Corporation Name AMERICAN BUS SALES CORPORATION	DOCUMENT # L85443 (4)
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Mailing Address %FRANK PEREZ-SIAM ESQ 122 MINORCA ST CORAL GABLES FL 33134 US	Principal Place of Business %FRANK PEREZ-SIAM ESQ 122 MINORCA ST. CORAL GABLES FL 33134
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Principal Place of Business 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date incorporated or Qualified 07/02/1990	3a. Date of Last Report 02/22/1993
4. FEI Number 23-0837822	Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required ☐	6. Election Campaign Financing Trust Fund Contribution ☐
7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐	\$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 PEREZ-SIAM, FRANK ESQ 122 MINORCA, ST CORAL GABLES FL 33134	
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10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 FL	86 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOT: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY, ST, ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY, ST, ZIP
D	PEREZ-SIAM, ISREAL	122 MINORCA ST	CORAL GABLES FL				
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY, ST, ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY, ST, ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY, ST, ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY, ST, ZIP
7.1 TITLE	7.2 NAME	7.3 STREET ADDRESS	7.4 CITY, ST, ZIP	8.1 TITLE	8.2 NAME	8.3 STREET ADDRESS	8.4 CITY, ST, ZIP
9.1 TITLE	9.2 NAME	9.3 STREET ADDRESS	9.4 CITY, ST, ZIP	10.1 TITLE	10.2 NAME	10.3 STREET ADDRESS	10.4 CITY, ST, ZIP
11.1 TITLE	11.2 NAME	11.3 STREET ADDRESS	11.4 CITY, ST, ZIP	12.1 TITLE	12.2 NAME	12.3 STREET ADDRESS	12.4 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(1)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(1)(b) in the event that the information supplied is deemed exempt from public release. 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. I have fulfilled all obligations concerning securities imposed by Chapter 717, Florida Statutes, that I am an officer or director of the corporation or the reason or reasons empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document, or on an attachment with an address.

SIGNATURE: _____ ISRAEL PEREZ-SIAM 7/28/94
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR