

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE
ATTORNEY GENERAL
SECRETARY OF STATE
REGISTRATION AND LICENSING BOARD

DOCUMENT # L88640

(2)

FILED
SECRETARY OF STATE
REGISTRATION & CORPORATIONS

05 MAY - 1 PM 1:42

DOLPHIN BUS LINE, INC.

Business Name

Trade Name

7285 SW 16TH TERRACE
MIAMI FL 33155

7285 SW 16TH TERRACE
MIAMI FL 33155

PRINT IN ALL CAPS SPACE

3. Date Incorporated or Organized 38. Date of Last Report

07/24/1990

04/14/1994

4. File Number
65-0250766

Applied For
 Not Applicable

5. Certificate of Status District **\$8.75 Additional Fee Required**

6. Election Campaign Finance
Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. This corporation has been exemptible for only by Chapter 199-12Q
Florida Statutes. Yes No

9. Name and Address of Current Registered Agent

GONZALEZ, DESIDERIO
7285 SW 16TH TERRACE
MIAMI FL 33155

81. Name	82. Street Address <input type="checkbox"/> Box Number <input type="checkbox"/> Not Available
83.	
84. City FL	85. Zip Code

11. Pursuant to Florida Statutes, Sections 770.01 and 777.0304, Florida Statutes, the above named corporation will make the statement in the purpose of changing its registered office or principal place of business in the state of Florida. Such statement was authorized by the corporation's Board of Directors, except the appointment of registered agent, date _____, and the signature of **Desiderio Gonzalez**, Florida Statutes.

12. OFFICERS AND DIRECTORS

5
GONZALEZ, DESIDERIO
7285 SW 16TH TERRACE
MIAMI FL

13. ADDITIONAL OFFICERS OR DIRECTORS AND THEIR TITLE OR POSITION	<input type="checkbox"/> Change <input type="checkbox"/> Add
1. NAME	
2. ADDRESS	
3. CITY	
4. STATE	
5. ZIP CODE	
6. NAME	
7. ADDRESS	
8. CITY	
9. STATE	
10. ZIP CODE	
11. NAME	
12. ADDRESS	
13. CITY	
14. STATE	
15. ZIP CODE	

REMITTED BY MAY 1

14. I declare, under penalty of perjury, that the information supplied with this filing is voluntarily furnished and is true and accurate for the purpose of making the above Florida Statute filer further aware of the requirements placed on the annual report or supplemental annual report of form and certificate and that my signature shall attest the truth and accuracy of the information contained on the form or supplemental annual report filed with the Florida Department of State.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-12/91 264-1608

500

5-12/91

5-12/91

016813 CP