

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 04 1997 8:00am
Secretary of State

DOCUMENT # M44742 (8)

1. Corporation Name
ANDES BUS CHARTER, INC.



Principal Place of Business
215 WEST 32ND STREET
HIALEAH FL 33012

Mailing Address
215 WEST 32ND STREET
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 531 WEST 37TH PLACE	26 531 WEST 37TH PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 HIALEAH	28 HIALEAH
Zip	Zip
24 33012	29 33012
Country	Country
25 U.S.A.	30 U.S.A.

3. Date Incorporated or Qualified 01/13/1987	3a. Date of Last Report 04/29/1996
4. FEI Number 59-2759817	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RODRIGUEZ, GABRIEL 215 WEST 32ND STREET HIALEAH FL 33012	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
	SAGUE 531 WEST 37TH PLACE HIALEAH FL 33012

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 *Gabriel Rodriguez* GABRIEL RODRIGUEZ 8-29-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	RODRIGUEZ, GABRIEL	1.2 NAME	RODRIGUEZ, GABRIEL
STREET ADDRESS	215 WEST 32ND STREET	1.3 STREET ADDRESS	531 WEST 37 PL.
CITY - ST - ZIP	HIALEAH FL 33012	1.4 CITY - ST - ZIP	HIALEAH, FL 33012
TITLE	VD	2.1 TITLE	SAGUE
NAME	PACHECO, MARIA CHRISTINA	2.2 NAME	SAGUE
STREET ADDRESS	215 WEST 32ND STREET	2.3 STREET ADDRESS	531 WEST 37 PL.
CITY - ST - ZIP	HIALEAH FL 33012	2.4 CITY - ST - ZIP	HIALEAH, FL 33012
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

CR2E034 (4/97)