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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M73357

1. Corporation Name

CITY-ST-ZIP

IVIENÇOE	S PRIVATE BUS SERVICE,	IIIO-					
Principal Place	e of Business	Mailing Address			1 (Select b) (Select title tit		
15841 SW, 148TH TERR 15841 SW 148TH TERR					1		
MIAMI FL 33196 MIAMI FL 33196					DO NOT WRITE IN THIS SPACE		
US · US					DO NOT WRITE IN THIS SPACE		
,					3. Date Incorporated or Qualifed		ļ
					03/23/1988	 	applied For
Principal Place of Business Za. Mailing Address					4. FEI Number	Not Applicable	
21 26					65-0048050	\$8.75 Additional	
Suite, Apt. #, etc.					5. Certifcate of Status Desired	•	Required
22	 	27					
City & State					Trust Fund Contribution		May Be I to Fees
23	28						107 663
Zip ¦			Country		8. This corporation owes the current year International Property Toy	angible ∐Yes	□No
24	25	29 30	<u>IJ.</u>		Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Current	r Kegistered Agent	81	Name	IU. Italiio alla Audicese di Itali Negistelea	80	
MEN	NESES, EDILVER		"	ļ			
	38 S.W. 22ND TERRACE		82	Street A	ddress (P.O. Box Number is Not Acceptable)		ļ
	WI FL 33175		-	ļ			
MINT	WI FE 35 17 5		83	ļ			1
			84	City		85 Zip	Code
		_		1	proporation submits this statement for the purpose of		
SIGNATURE	Signature, typed or printed name of registered agen		gistered Age	nt signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	ORS IN 12
TITLE	DP	. DELETE	1.1 TITLE			☐ Change	e 🔲 Addition
NAME	MENESES, EDILVER		1.2 NAME				
STREET ADDRESS	TOTAL OLIV ANID TERRACE		1.3 STREE	TADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S				
TITLE			2.1 TITLE			Chang	Addition
NAME	T		2.2 NAME				
STREET ADDRESS	ANTON OUR BOND TERRACE			T ADDRESS			
-	MIAMI FL		2. 4 CITY-				
CITY-ST-ZIP			3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				l
STREET ADDRESS				TADDRESS	•		
			3.4. CITY-	į.			
CITY-ST-ZIP			4.1 TITLE			☐ Chang	e Addition
NAME		<u> </u>	4. 2 NAME				
STREET ADDRESS				TADORESS			
CITY-ST-ZIP	`. ·		4.4 CITY-5				1
TITLE ,			5.1 TITLE	11-2JF		☐ Chang	e
NAME			5.2 NAME		λ.	_ •	
:				T ADDRESS			
STREET ADDRESS	1		5.4 CITY-S		•		
CITY-ST-ZiP TITLE		☐ DELETE	6.1 TITLE	-		☐ Chang	e [Addition
NAME			6.2 NAME			_ •	- ·

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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Meneses 3-20-99

FILED

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90069 031 ***150.00