

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90087 030 *****61.25

NONPROFIT,
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # N92000000694

1. Corporation Name

SCHOOL BUS OWNERS ASSOCIATION, INC.

Principal Place of Business

5800 S.W. 108 PLACE
MIAMI FL 33173

Mailing Address

5800 S.W. 108 PLACE
MIAMI FL 33173



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/09/1992

4. FEI Number

65-0374376

5. Certificate of Status Desired

Applied For:
Not Applicable
\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MASSAGUER, ROBERTO
5800 S.W. 108 PLACE
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

84 City

FL 85 Zip Code

11. Pursuant to the provisions of 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 2-22-99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME QUINTERO, SARA L
STREET ADDRESS 5800 SW 108 PL
CITY-ST-ZIP MIAMI FL

TITLE VD
NAME DE LOS SANTOS, BERTHA
STREET ADDRESS 1365 W 5 LANE
CITY-ST-ZIP HIALEAH FL

TITLE SD
NAME MOREJON, MARTHA
STREET ADDRESS 10760 SW 38 ST
CITY-ST-ZIP MIAMI FL

TITLE TD
NAME MASSAGUER, ROBERTO
STREET ADDRESS 5800 SW 108 PL
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/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

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

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robertto Massaguer 1-22-99 (305) 596 4205

Date Daytime Phone #

CR2E037 (11/98)