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TO: Amendment Section Division of Corporations	
SUBJECT: <u>bissol</u>	ution
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
GEORGINA L. AR (Name of Perso	bide
(Name of Perso	n)
ARbide Bus Si	Company)
(Name of Firm/	Company)
325 SW 133	CONT SS)
(Addre	SS)
MIAMI, Flori	da, 33184
(City/State/and	
For further information concerning this matter, p	lease call:
Isidro Arbide	at (305) 5548643 (Area Code & Daytime Telephone Number)
	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	-
Certificate of Status Ce	13.75 Filing Fee & \$\sum \\$52.50 Filing Fee, extified Copy Iditional copy is aclosed) \$\sum \\$\$ \$\$(Additional copy is enclosed)
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	409 E. Gaines Street
Tallahassee, Florida 32314	Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION.

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with Department of State:	
	ARbide Bus Services INC.	
SECOND:	The document number of the corporation (if known):	
THIRD:	The file date of the articles of incorporation was: July 28, 2003	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
	The corporation has not commenced business.	
FIFTH:	The corporation has not commenced business. No debt of the corporation remains unpaid.	
SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.		
SEVENTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
A majority of the directors authorized the dissolution.		
	Signed this 29 th day of APRIL , 2004.	
S	ignature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	
	GEORGINA L. ARBIDE (Typed or printed name of person signing)	
	(Title of person signing)	

Filing Fee: \$35