FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000050893 (5)**

1. Corporate Name
TRAVEL BUS, INC.

Principal Place of Business
7768 MURCOTT CIRCLE
ORLANDO FL 32835

Mailing Address
7768 MURCOTT CIRCLE
ORLANDO FL 32835

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1993
3a. Date of Last Report: 10/21/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-3205912 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SOTO, GUSTAVO
7768 MURCOTT CIRCLE
ORLANDO FL 32835

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Section 607.0501, and/or 617.0501, 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 duties of, Section 607.0505, Florida Statutes.

SIGNATURE: 2/28/95
(Signature of a Director, Officer or Agent of the Corporation) (Registered Agent signature required after resigning)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SOTO, GUSTAVO
STREET ADDRESS	7768 MURCOTT CIRCLE
CITY, ST, ZIP	ORLANDO FL 32835

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 19

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition
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STREET ADDRESS
CITY, ST, ZIP

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CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing, and upon voluntarily furnished and does not qualify, for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further, I certify that the information indicated on the 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 on Block 12 or Block 13 of this report or on an attachment with an officer.

SIGNATURE: President — 2/28/95 — (407) 292-3991
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Daytime Phone Number

0418400 FP