SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P93000077949 (4)**

1. Corporation Name

FLORIDA EXPRESS BUS LINES, INC.

Principal Place of Business
1666 KENNEDY CAUSEWAY
SUITE 701
N. BAY VILLAGE FL 33141

Mailing Address
1666 KENNEDY CAUSEWAY
SUITE 701
N. BAY VILLAGE FL 33141

3. Date Incorporated or Qualified: **11/10/1993**
3a. Date of Last Report: **05/18/1995**

2. Principal Place of Business
21 81 N.E. 21 STREET
Suite, Apt. #, etc
22
City & State
23 MIAMI, FL
Zip 24 33137 Country 25 USA

2a. Mailing Address
26 81 N.E. 21 STREET
Suite, Apt. #, etc
27
City & State
28 MIAMI, FL
Zip 29 33137 Country 30 USA

4. FEI Number: **65-0450134** 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
QUINTANA, FLORENTINO
665 N.E. 178TH STREET
N. MIAMI BEACH FL 33162

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 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 _____ (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DA SILVA, WALMIR CARDOSO	1.2 NAME	
STREET ADDRESS	1666 KENNEDY CAUSEWAY, SUITE 701	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. BAY VILLAGE FL 33141	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	QUINTANA, FLORENTINO	2.2 NAME	
STREET ADDRESS	665 N.E. 178TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CANNON, LUZ MARINA	3.2 NAME	
STREET ADDRESS	1666 KENNEDY CAUSEWAY, SUITE 701	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. BAY VILLAGE FL 33141	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Florentino Quintana
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/96 (305)576-5500
Date Daytime Phone #

CR2E034 (3/96)