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

FILED
Mar 18 1997 8:00am
Secretary of State

DOCUMENT # P93000077949 (4)

1. Corporation Name
FLORIDA EXPRESS BUS LINES, INC.

Principal Place of Business	Mailing Address
1666 KENNEDY CAUSEWAY SUITE 701 N. BAY VILLAGE FL 33141	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
22: Suite, Apt. #, etc
23: City & State: Miami, FL
24: Zip: 33137
25: Country: USA

2a. Mailing Address
26: 81 N.E. 21 STREET
27: Suite, Apt. #, etc
28: City & State: MIAMI, FL
29: Zip: 33137
30: Country: 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: _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P- President - Director ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	DA SILVA, WALMIR CARDOSO	12 NAME	
STREET ADDRESS	1666 KENNEDY CAUSEWAY, SUITE 701	13 STREET ADDRESS	
CITY-ST-ZIP	N. BAY VILLAGE FL 33141	14 CITY-ST-ZIP	
TITLE	S- Secretary - Director ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	QUINTANA, FLORENTINO	22 NAME	
STREET ADDRESS	665 N.E. 178TH STREET	23 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	24 CITY-ST-ZIP	
TITLE	D ☒ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	CANNON, LOZ MARINA	32 NAME	
STREET ADDRESS	1666 KENNEDY CAUSEWAY, SUITE 701	33 STREET ADDRESS	
CITY-ST-ZIP	N. BAY VILLAGE FL 33141	34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	200002117332 -03/18/97--01112--028 ***173.75
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/96)

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 6/14/96 (305) 576-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #