

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000010226 (5)  
1. Corporation Name  
ATLANTIC EXPRESS COMPANY

Principal Place of Business P.O. BOX 971343 MIAMI FL 33197-1343	Mailing Address P.O. BOX 971343 MIAMI FL 33197-1343
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 19610 S.W. 115 AVENUE Suite, Apt. #, etc. 22 100 City & State 23 MIAMI, FLORIDA Zip 24 33157		2a. Mailing Address 26 P.O. BOX 971343 Suite, Apt. #, etc. 27 City & State 28 MIAMI, FLORIDA Zip 29 33157 Country 30 DADE		3. Date Incorporated or Qualified 02/07/1995	
				4. FEI Number 65-0564820 Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent PASTOR, FIGUERAL 19610 S.W. 115TH AVENUE MIAMI FL 33157				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	
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FIGUEROA, PASTOR			1.2 NAME			
STREET ADDRESS	19610 S.W. 115TH AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33157			1.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FIGUEROA, EUSEBIA			2.2 NAME			
STREET ADDRESS	19610 S.W. 115TH AVENUE			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33157			2.4 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VICENTE, RAMO			3.2 NAME	VISCENTE RAMOS		
STREET ADDRESS	19610 S.W. 115TH AVENUE			3.3 STREET ADDRESS	19610 S.W. 115 AVENUE		
CITY-ST-ZIP	MIAMI FL 33157			3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33157		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Pastor Figueroa

4-6-98

305-233-0733

CR2E034 (10/97)