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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000013724 (6)**

1. Corporation Name

GREYHOUND EXPRESS, CORP.

Principal Place of Business	Mailing Address
7311 NW 12TH ST. 13 MIAMI FL 33126	7311 NW 12TH ST. 13 MIAMI FL 33126

3. Date Incorporated or Qualified: 02/17/1995
3a. Date of Last Report:
4. FEI Number: 65-0568793 ☐ 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

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

9. Name and Address of Current Registered Agent

MENDONCA, JOAO C
1943 NE 177 ST
N MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name: MENDONCA, JOAO C
82 Street Address (P.O. Box Number Not Acceptable): 2601 HILOLA STREET
83
84 City: COCONUT GROVE FL 85 Zip Code: 33133

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: MENDONCA, JOAO C [signature] SECRETARY DATE: APRIL/09/96
Signature, typed or printed name of registered agent and date required. (NOTE: The designated Agent signature for profit corporations.)

12. OFFICERS AND DIRECTORS		
TITLE	P	☐ DELETE
NAME	MARQUES, DALMIRO B	
STREET ADDRESS	1943 NE 177 ST	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	S	☒ DELETE
NAME	MENDONCA, JOAO C	
STREET ADDRESS	1943 NE 177 ST	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	MARQUES, DALMIRO B	
1.3 STREET ADDRESS	2601 HILOLA STREET	
1.4 CITY-ST-ZIP	COCONUT GROVE - FL - 33133-2505	
2.1 TITLE	S	☒ Change ☐ Addition
2.2 NAME	MENDONCA, JOAO C	
2.3 STREET ADDRESS	2601 HILOLA STREET	
2.4 CITY-ST-ZIP	COCONUT GROVE - FL - 33133-2505	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MENDONCA, JOAO C [signature] SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #