

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000032035 (4)

1. Corporation Name

DANNY'S BUS TRANSPORTATION, INC.



Principal Place of Business

Mailing Address

9370 W. FLAGLER STREET, # 205
MIAMI FL 33174

9370 W. FLAGLER STREET, # 205
MIAMI FL 33174

3. Date Incorporated or Qualified

3a. Date of Last Report

04/20/1995

4. FEI Number

65-0574261

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

14201 SW 48 ST

83.

84. City

MIAMI FL

85. Zip Code

33175

2. Principal Place of Business

21. 14201 SW 48 ST

2a. Mailing Address

26. 14201 SW 48 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

23. MIAMI FL

27. City & State

28. MIAMI FL

24. Zip

33175

Country

25. USA

29. Zip

33175

Country

30. USA

9. Name and Address of Current Registered Agent

URIBE, JOSE G

9370 W. FLAGLER STREET, # 205
MIAMI FL 33174

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 the corporation

NOTE: Registered Agent signature required when instituting

04-24-96

12. OFFICERS AND DIRECTORS

TITLE PVTD ☐ DELETE

NAME URIBE, JOSE G
STREET ADDRESS 9370 W. FLAGLER STREET, # 205
CITY - ST - ZIP MIAMI FL 33174

TITLE SD ☐ DELETE

NAME VELASQUEZ, CECILIA
STREET ADDRESS 9370 W. FLAGLER STREET, # 250
CITY - ST - ZIP MIAMI FL 33174

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

14201 SW 48 ST
MIAMI FL 33175

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

14201 SW 48 ST
MIAMI FL 33175

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-96 (305) 6529852

CR2E034 (12/95)