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FILED

Feb 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000087969 (8)

1. Corporation Name
CLASSIC KIDS TRANSPORTATION, INC.

Principal Place of Business
9000 W. SHERIDAN ST.
SUITE 110
PEMBROKE PINES FL 33024
US

Mailing Address
9000 W. SHERIDAN ST.
SUITE 110
PEMBROKE PINES FL 33024-8801
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
11/14/1995

3a. Date of Last Report
05/01/1996

4. FEI Number

APPLIED FOR 65-0664328

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

VIDAL, ROSA MARINA
4231 SW 137TH CT
MIAMI FL 33175

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME VIDAL, ROSA MARINA
STREET ADDRESS 9000 W. SHERIDAN ST.
CITY-ST-ZIP SUITE 110
MIAMI FL 33175 PEMBROKE PINES, FLA. 33024

TITLE FLORENCIO B. VIDAL
NAME President
STREET ADDRESS 9000 W. SHERIDAN ST.
CITY-ST-ZIP SUITE 110
PEMBROKE PINES, FLA. 33024

TITLE VICE PRESIDENT
NAME ELISIE M. ABDALA
STREET ADDRESS 9000 W. SHERIDAN ST., SUITE 110
CITY-ST-ZIP PEMBROKE PINES, FLA. 33024

TITLE TREASURER
NAME ANA VIVES
STREET ADDRESS 9000 W. SHERIDAN ST., SUITE 110
CITY-ST-ZIP PEMBROKE PINES, FLA. 33024

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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

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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, changed, or on an attachment with an address.

SIGNATURE: Rosa Marina Vidal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-97 (954) 436-1606

CR2E034 (9/96)