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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90192 042 ***150.00

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1. Corporation Name

CLASSIC KIDS TRANSPORTATION, INC.

Principal Place of Business

~~9000 W. SHERIDAN ST.~~
~~SUITE 110~~
~~PEMBROKE PINES FL 33024~~
~~US~~

Mailing Address

18430 SW 4 ST
SUITE 110
PEMBROKE PINES FL 33029
US

2. Principal Place of Business

21 3182 W 13 PL

2a. Mailing Address

26 SABLE of Apts

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Hialeah Fla

City & State

28

Zip

Country

Zip

Country

24 33018

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME VIDAL, ROSA MARINA
STREET ADDRESS 9000 W. SHERIDAN ST., STE 110
CITY-ST-ZIP PEMBROKE PINES FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME FLORENCIO B. VIDAL
STREET ADDRESS 9000 W. SHERIDAN ST.
CITY-ST-ZIP PEMBROKE PINES FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME ELSIE M. ABDALA
STREET ADDRESS 9000 W. SHERIDAN ST., STE 110
CITY-ST-ZIP PEMBROKE PINES FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME ANA VIVES
STREET ADDRESS 9000 W. SHERIDAN ST., STE 110
CITY-ST-ZIP PEMBROKE PINES FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99(954)436-1606
Date Daytime Phone #

CR2E034 (11/98)