


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

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Oct 06 1998 8:00am  
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1998  |  |  FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS  |  |
|--|--|---|--|
| DOCUMENT # <u>P96 000032550</u><br>1. Corporation Name<br><u>BUQUEBUS (FLORIDA), INC.</u>  |  |   |  |
| Principal Place of Business<br><u>2 SOUTH BISCAYNE BLVD. STE. 3400</u><br><u>MIAMI, FL 33131</u>   |  | Mailing Address   |  |
| 2. Principal Place of Business<br>21 <u>201 GRANWELL ST.</u><br>Suite, Apt. #, etc.  | 2a. Mailing Address<br>26 <u>P.O. Box 2192</u><br>Suite, Apt. #, etc.  | 3. Date Incorporated or Qualified<br><u>APRIL 12, 1996</u>  |  |
| 22 <u>KEY WEST, FL</u><br>City & State   | 27 <u>FT. MYERS, FL</u><br>City & State  | 4. FEI Number<br><u>65-0686937</u>  | Applied For<br><input type="checkbox"/> Not Applicable   |
| 23 <u>33040</u><br>Zip   | 28 <u>MONROE</u><br>Country  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees   |
| 24 <u>33902</u><br>Zip   | 29 <u>LEE</u><br>Country   | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| 9. Name and Address of Current Registered Agent<br><u>VALDES - FAULI CORPORATE SERVICES, INC.</u><br><u>STE. 3400 ONE BISCAYNE TOWER</u><br><u>2 S BISCAYNE BLVD. MIAMI, FL 33131</u>  |  | 10. Name and Address of New Registered Agent<br>81 Name <u>ADELE V. STONES</u><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><u>221 SIMMONS ST.</u><br>83 <u>KEY WEST</u><br>84 City <u>FL</u> 85 Zip Code <u>33040</u> |  |
| 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.<br>SIGNATURE <u>Adele V. Stones</u> DATE <u>9/21/98</u><br><small>Signature, printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> |  |   |  |
| 12. OFFICERS AND DIRECTORS   |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME <u>DPS</u><br>STREET ADDRESS <u>JUAN CARLOS LOPEZ MENA</u><br>CITY - ST - ZIP <u>2 S. BISCAYNE BLVD. #3400</u><br><u>MIAMI, FL</u>   | TITLE <input type="checkbox"/> DELETE<br>NAME <u>DR SYLVIA EDWARDS</u><br>STREET ADDRESS <u>2 S. BISCAYNE BLVD #3400</u><br>CITY - ST - ZIP <u>MIAMI, FL 33131</u> | 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>1.2 NAME<br>1.3 STREET ADDRESS <u>221 Simmons St.</u><br>1.4 CITY - ST - ZIP <u>KEY WEST, FL 33040</u>                                      | 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME<br>2.3 STREET ADDRESS <u>221 Simmons St.</u><br>2.4 CITY - ST - ZIP <u>KEY WEST, FL 33040</u> |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME<br>3.3 STREET ADDRESS <u>300002657563</u><br>3.4 CITY - ST - ZIP <u>-10/07/98--01041--020</u><br><u>***550.00</u>                             | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP   |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>5.2 NAME<br>5.3 STREET ADDRESS   | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>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: <u>[Signature]</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br><u>Sylvia Edwards</u>   |  | Date<br>Daytime Phone #   |  |

CR2E034 (10/97)