

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

FILED

Jan 29 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P96000059427 (0)

1. Corporation Name
ORLANDO/MIAMI SHUTTLE SERVICES, INC.

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| Principal Place of Business 101 WINDMILL WAY LONGWOOD FL 32750 | Mailing Address 101 WINDMILL WAY LONGWOOD FL 32750 |
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DO NOT WRITE IN THIS SPACE

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| 3. Date Incorporated or Qualified 07/15/1996 | 4. FEI Number 59-3994549 65-0795018 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

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|---|---|
| 2. Principal Place of Business 21 2235 SW 62 ND ST Ct Suite, Apt. #, etc. 22 City & State MIAMI 23 Zip FL 24 Country 33155 | 2a. Mailing Address 25 P.O. Box 44-0788 Suite, Apt. #, etc. 26 City & State MIAMI FL 27 Zip 33144 28 Country DADE |
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| 9. Name and Address of Current Registered Agent MULET, MANUEL F 101 WINDMILL WAY LONGWOOD FL 32750 |
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| 10. Name and Address of New Registered Agent 81 Name MANUEL HIDALGO 82 Street Address (P.O. Box Number is Not Acceptable) 2235 SW 62 ST 83 84 City MIAMI FL 85 Zip Code 33155 |
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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 Manuel P. Nicholas DATE 1-21-98

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------|---|--------------------|
| TITLE | D | 1.1 TITLE | P |
| NAME | MULET, MANUEL F | 1.2 NAME | HIDALGO, MANUEL A |
| STREET ADDRESS | 101 WINDMILL WAY | 1.3 STREET ADDRESS | 2235 SW 62 ST |
| CITY-ST-ZIP | LONGWOOD FL 32750 | 1.4 CITY-ST-ZIP | MIAMI FL 33155 |
| TITLE | D | 2.1 TITLE | V |
| NAME | MULET, ROSA G | 2.2 NAME | HIDALGO, MARISOL R |
| STREET ADDRESS | 101 WINDMILL WAY | 2.3 STREET ADDRESS | 2235 SW 62 ST |
| CITY-ST-ZIP | LONGWOOD FL 32750 | 2.4 CITY-ST-ZIP | MIAMI FL 33155 |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: Manuel P. Nicholas DATE: 1-21-98 (305) 180-2703