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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000060694 (2)

TERRA BUS INC.

NAME

STREET ADDRESS

Principal Pla	ce of Business	Mailing Address				
955 W. LANCASTER ROAD SUITE 291 ORLANDO FL 32809		955 W. LANCASTER ROAD SUITE 291 ORLANDO FL 32809		DO NOT WRITE IN THIS SPACE		
				 Date Incorporated or Qualified 07/16/1996 		
2, Principal	Place of Business	2s. Mailing Address	······································	4. FEI Number	Applied For	
21		26		59-3413015	Not Applicable	
Suite, Ap	1. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22		27				
City & Sta	Me	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the curre		
24	25	29	30		Yes No	
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Registered A	gent	
	Lores, Jesus M		81 Name			
	955 W. LANCASTER ROAD			82 Streel Address (P.O. Box Number is Not Acceptable)		
	uite 291 Rlando fl 32809		83			
"	NLANDO FL 32009					
			84 City	FL	85 Zip Code	
office of agent. I	am familiar with, and accept the obli-	gations of, Section 607.0505, F	authorized by the corp florida Statutes If Registered Agent signature 13.	corporation submits this statement for the purpose of coordinate board of directors. I hereby accept the appointment of the purpose of coordinate board of directors. I hereby accept the appointment of the purpose of		
TITLE	D	DELETE	1.1 Tille		Change Addition	
NAME	RIVERA, RAFAEL A		1.2 NAME		_	
STREET ADDRESS	ASS IN LANGAGES BOAD		1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32809		1.4 CITY - ST - <i>T</i> IP			
TITLE	Ď	DELETE	2.1 TITLE		Change Addition	
NAME	FLORES, JESUS M		2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32809		2. 4 CITY+S1+ZIP			
TITLE		☐ DELETE	3.1 THLE	L	Change Addition	
NAME			3.2 NAME			
STREET ADDRESS	5		3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3 4. CHY-ST-ZIP		Change Addition	
NAME		L_ Ottor	4. 2 NAME	•		
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	'		4 4 CITY-ST-7IP			
1ITLE	 	DELETE	51 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS	5		5 3 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-SI-7IP			
TITLE		DELETE	61 THLE		Change Addition	

14. Lereby 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 trustog 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.

6.2 NAME

6.3 STREET ADDRESS

64 CHY-ST-ZIP

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11-21/22 47571

FILED

Apr 03 1998 8:00am

Secretary of State

- HI KARINDAN PER HANPA DIREN KRAN BARIN BANIN BANIN BANIN BANIN BANIN BERKA RAPAN DIREN PERKA