

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P96000079608

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90092 009 ***150.00

SUSANA	. & IVAN VILALTA SCHOOI	BUS SERVICE INC.							
Principal Plac	e of Business	Mailing Address	Mailing Address			. I (BDI(BDI 110 10114 GIVI) BBIII SBIII BDIII GB		 	
12140 WALSH BLVD. 12140 WALSH BLVD.									
MIAMI FL 33184 MIAMI FL 33184						DO NOT MIDITE IN TI	HE CDACE		
						DO NOT WRITE IN TH	IIS SPACE		
						09/25/1996			
o Oringinal P	lace of Business	2a. Mailing Address				4. FEI Number	I An	plied For	
 -	lace of business	2a. Mailing Address				65-0671389	⊢ + − •	t Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75		
22	r, 5.0.	⊢	27			5. Certifcate of Status Desired	Fee Re		
	n	City & State			حاضتني	a: Election Campaign Financing	\$5:00	Mav Be	Ξ.
23		28				Trust Fund Contribution	Added f	•	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year	Intangible	_	
24	25		30			Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registers	ed Agent		
040	OLA DEDDO L ID			81	Name				
	CIA, PEDRO I JR.			82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
	IO WALSH BLVD.		Ļ						
MIAIM	vii FL 33184			83					
				84	City		85 Zip (Code	
				Ш			L o zp		
office or r	registered agent, or both, in the Statem familiar with, and accept the oblig	e of Florida. Such change was at gations of, Section 607.0505, Flor	ida Stati	ı by ı ⊔tes.	ine corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate the purpose of the purpose ion's board of directors. I hereby accept the appropriate the purpose of the purpose ion's portion of the purpose ion's portion ion's purpose ion's purpose ion's portion ion's purpose ion's purpose ion's purpose ion's portion ion's purpose ion's portion ion's purpose ion's purpose ion's portion ion's purpose ion's p	DGG	gistered	
12.		ND DIRECTORS	13.	7 9 5111	· organiano respen	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	Š
TITLE	DP	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition	;
NAME	GARCIA, PEDRO I JR.		1.2 N	AME.				}	;
STREET ADDRESS	40440 WALOU DIND		1.3 STRE		ADDRESS				i
CITY-ST-ZIP	MIAMI FL 33184		1.4 CITY-		r-ZIP				1
TITLE	DVS	☐ DELETE	2.1 Π	TLE			Change	☐ Addition	(
NAME	GARCIA, PEDRO I SR.		2.2 N	ME					
STREET ADDRESS	ACARC MARK ON DIVID		2.3 STRE		ADDRESS				
CITY-ST-ZIP	MIAMI FL 33184		2. 4 CITY		T-ZÎP				
TITLE	DT	☐ DELETE	3.1 TITLE		•		☐ Change	☐ Addition	
NAME	GARCIA, VIVIAN		3.2 NAME						
STREET ADDRESS	12140 WALSH BLVD.		3.3 STRE		ADDRESS				
CITY-ST-ZIP	MIAMI FŁ 33184		3.4. CITY		T-ZIP				
TITLE		☐ DELETE	4.1 TI	TLE			☐ Change	☐ Addition	Į.
NAME			4. 2 N	AME					l
STREET ADORESS			4.3 \$	TREET	ADORESS				:
CITY-ST-ZIP			4.4 CITY		r-zip				i
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition	
NAME			5.2 NAME						
STREET ADDRESS	55			5.3 STREET ADDRESS					
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	- 140	5.4 CITY-		T-ZIP				
TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition	ı
NAME			6.2 N						l
STREET ADDRESS			6.3 STREET ADDRESS						l
CETY ST ZID	I		640	TY-ST	T_ 7IP				

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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, of an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #