

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

DOCUMENT #

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED Jul 14, 1999 8:00 am Secretary of State

07-14-1999 90011 045 ***150.00

DOCUMENT # P98000106686

1. Corporation Name CROWN BUS LINES, INC.

Principal Place of Business 2450 HOLLYWOOD BLVD #206 HOLLYWOOD FL 33020

Mailing Address 2450 HOLLYWOOD BLVD #206 HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 12/24/1998

2. Principal Place of Business 21 2440 St. Rd. 84 Suite, Apt. #, etc.

2a. Mailing Address 26 2440 St. Rd. 84 Suite, Apt. #, etc.

4. FEI Number 65-0883144 Applied For Not Applicable

22 City & State 23 Dania, Fla.

27 City & State 28 Dania, Fla.

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 Zip 33312 25 Country U.S.A

29 Zip 33312 30 Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. Yes X No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AZOULAY SHARON P.A. 852 S.W. 92 STREET #8-9 MIAMI FL 33156

81 Name Oded Boldo 82 Street Address (P.O. Box Number is Not Acceptable) 2440 St. Rd. 84 83 84 City Dania, Fla. FL 85 Zip Code 33312

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 Oded Boldo

(NOTE: Registered Agent signature required when reinstating)

DATE 7-6-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for PSTD BOLDO, ODED and VPD MAIA, JERRY.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Includes checkboxes for Change and Addition.

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: Oded Boldo

7-6-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

798000106686

Crown Bus Lines Inc.
2440 State Road 84
Dania, Florida 33312-4834

Annual Report Filings
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

July 1, 1999

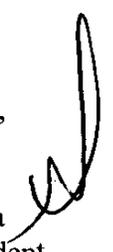
Gentlemen:

Thank you for speaking with me today. You informed me that I should change the information on the attached annual report filing and submit it with a check in the amount of \$ 150.00

I never received the first annual report that was mailed to me as it was never forwarded to my new address.

Your attention to this matter is greatly appreciated.

Yours truly,


Jerry Maia
Vice President,
Crown Bus Lines, Inc.