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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S53846

(9)

1. Corporation Name

COMET BUS LINES CORPORATION

Principal Place of Business

**481 THORPE ROAD
ORLANDO FL 32824**

Mailing Address

**481 THORPE ROAD
ORLANDO FL 32824**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/20/1991

3a. Date of Last Report

02/11/1994

4. FEI Number

59-3069797

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 10360 General Dr.

2a. Mailing Address

26 10360 General Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Orlando FL

City & State

28 Orlando FL

Zip

Country

24 32824

25 USA

Zip

Country

29 32824

30 USA

9. Name and Address of Current Registered Agent

RAGAZZO, MARIO ARTURO

**481 THORPE ROAD 10360 General Dr.
ORLANDO FL 32824**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

RAGAZZO, MARIO A.

STREET ADDRESS

481 THORPE RD

CITY - ST - ZIP

ORLANDO FL

TITLE

D

NAME

MASSA, JOSE ROBERTO

STREET ADDRESS

RUA AMARO ALBINO PIMENTA

CITY - ST - ZIP

BRAZIL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☒ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date

Telephone Number

(JOSE R. CAVALCANTE) 04/24/95 (407) 240-3565