

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # S82041 (2)

1. Corporation Name

SUNSHINE BUS LINES, INC.



Principal Place of Business

Mailing Address

2979 COLLINS AVE
MIAMI FL 33139
US

7061 GRAND NATIONAL DR
SUITE 105C
ORLANDO FL 32819
US

3. Date Incorporated or Qualified
09/23/1991

3a. Date of Last Report
05/30/1995

2. Principal Place of Business

2a. Mailing Address

21 **12307 Garni Ct.**
Suite, Apt. #, etc.

26 **12307 Garni Ct.**
Suite, Apt. #, etc.

22 City & State
Orlando - FL.

27 City & State
Orlando - FL.

23 Zip Country
32837 US

28 Zip Country
32837 US

4. FEI Number
65-0287674

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GALBIATI, CARLOS
2620 MOSCATELLO STREET
S402
ORLANDO FL 32837**

12307 Garni Ct.

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 title (if applicable)

(If "N/A", Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **GALBIATI, CARLOS**
STREET ADDRESS **2620 MOSCATELLO ST 12307 GARNI CT.**
CITY-ST-ZIP **ORLANDO FL 32837**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **JD** ☒ DELETE
NAME **ARANA, ALFRED O**
STREET ADDRESS **4616 CROSSING AVENUE**
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **VD**
2.3 STREET ADDRESS **ISABEL GALBIATI**
2.4 CITY-ST-ZIP **12307 GARNI CT.**

TITLE **DE** ☒ DELETE
NAME **MATAS, ANTONIO**
STREET ADDRESS **13 LAGUNA POINT**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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 SIGNING OFFICER OR DIRECTOR

4/27/96

Date

407-856-4927

Daytime Phone #

CR2E034 (12/95)