FULE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

7830 WEST FLAGEER ST



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 489613

(0)

Cor	poration Name		
A.	GRANCOLOMBIA	TRAVEL,	INC.

Mailing Address 7630 WEST FLAGLER ST

FILED Jan 28 1997 8:00am Secretary of State



MIA	WI FL 33144	DEE!! O!		MI	AMI FL 33144-2406						
								3. Date Incorporated or Qualified 11/17/1975	3a, Date o 01/24/		eport
2.	Principal Pla	ice of Busin	ess	28	. Mailing Address			4. FEI Number		Ap	plied For
21				26				59-1631259		No	t Applicable
	Suite, Apt. #	, etc		27	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ S	8.75 / Fee Re	Additional equired
23	City & State			28	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	May Be to Fees
24	Zip		Country 25	29	Zip	30 Co.	intry	This corporation has liability for Florida Statutes	intangible tax Yes N		199.032,
			and Address of (Current Regis	stered Agent		ļ	10. Name and Address of New Re	gistered Age	nt	
			GEORGE M. STREET, #204				81 Name	DAVID H. POLLACK		·····	
MIAMI FL								Address (P.O. Box Number is Not Acceptal 44 W. FLAGLER ST	ole)		
							83	SUITE 408			·
						_	84 City	MIAMI	FL ^B	5 33:	. 30
	office or re agent I an	gistered ag i familiar wi	ent or both, in the	 State of Flori 	ida. Such change wa of, Section 607.0505, Collack	s authorize Florida Stal	d by the corp tutes.	corporation submits this statement for the poration's board of directors. I hereby acce	ourpose of chapt the appoint	ment as	registered
40		lgnature, ty 🔀		ered agent and tide RS AND DIRE		IOTE Registere	d Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFFI	DAIL		
12.		PÌD	OFFICE	13 MINU DINE	DELETE	1.1 1	TI F	ADDITIONS/CHANGES TO OFFI		Change	Addition
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I do hereby certify that the information supplied with this filling 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: