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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500003570

1. Corporation Name

WORLD V	vacation travel limited	, INC.						
Principal Place	of Business	Mailing Address			-{	99168 IIIO I); ;	
520 BRICKELL KEY DR. 520 BRICKELL KEY DR. SUITE 203					1			
MIAMI FL 33131 , MIAMI FL 33131					DO NOT WRITE IN THIS SPACE			7
					3. Date Incorporated or Qualifed			1
	· · _ · · · _ · · · · · · · · · · · · ·				07/25/1995		A	4
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	\vdash	Applied For		
21		26		65-0631029	<u> </u>	Not Applicable 5 Additional	-	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		Required		
22		27 City & State				····	-	
City & State		. City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23	Country Zip		Country		This corporation owes the current year Intangible			1
Zip	· · ·	¬ •	Q. This surpersure that the term year and 5			□No		
24	9. Name and Address of Current	29 30 Registered Agent	" ——		10. Name and Address of New Registered			1
}	3, lightly this Lagrange of Carrolle	1109.010.101	81 Nam	e				1
THE	20 24		(D.O. D. M. when in Not Acceptable)			4		
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET			82 Stree	t Addre	ess (P.O. Box Number is Not Acceptable)			
SUITE 105			83					7
TALLAHASSEE FL 32301								4
	,		84 City		FI	85 2	Zip Code	
11. Pursuant in office or relagent. I as	to the provisions of Sections 607.0502 sgistered agent, or both, in the State on m familiar with, and accept the obligati	and 607.1508, Florida Statutes, f Florida. Such change was auth ons of, Section 607.0505, Florida	the above-name lorized by the col a Statutes.	d corpo poratior	ration submits this statement for the purpose on's board of directors. I hereby accept the appoint	f changing pintment as	g its registered s registered	
SIGNATURE	Signature, typed or printed name of registered agent		gistered Agent signatu	e required				43
12.	OFFICERS AND		13.	- ₁	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC		<u>.</u> - }
TITLE	\$	☐ DELETE	1.1 TITLE		RESIDENT	Criain	nge Addition	1
NAME	BRICKER, WILLIAM L JR.		12 NAME		OURDES RODRIGUEZ			
STREET ADDRESS	101 PARK AVE., 35TH FL.		1.3 STREET ADDRES		20 BRICKELL KEY DRIVE, su	iite 2	04	
CITY-ST-ZIP	NEW YORK NY 10178		1,4 CITY-ST-ZIP		IAMI, FLORIDA 33131	[] Chan	nge Addition	
TITLE	Р	DELETE	2.1 TITLE		ICESPRESIDENT		• ~	`
NAME	CARCANO, ARTURO		2.2 NAME	DC	DLORES GOMEZ.			
STREET ADDRESS	520 BRICKELL KEY DR., STE 20)3	2.3 STREET ADDRES	s 52	20 BRICKELL KEY DRÎVE, SU	ITTE 2	.04	1
CITY-ST-ZIP	MIAMI FL 33131		2. 4 CITY-ST-ZIP	-i	IAMI, FLORIDA 33131	Char	nge Addition	-
**************************************	Abstract company and	DELETE- =.	3.1 TITLE *- (⇔) (=	2000	ىرىيى رىزىلىمى <u>نى مىلىدىنىڭ ئىلىنىڭ ئىلى سىرىسىد</u> . ئىلىنىكىنىكىسىدى	`~≝LT cusi	ide = Vaaiiloi	1
NAME	RODRIGUEZ, JOSE		3.2 NAME					
STREET ADDRESS	520 BRICKELL KEY DR., STE 20	13	3.3 STREET ADDRES	S				1
CITY-ST-ZIP	MIAMI FL 33131	Flerer	3.4. CITY-ST-ZIP	+		[] Char	nge	-
TITLE		☐ DELETE	4.1 TITLE			L1 Orial	iãe 🗀 vagitor	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRES	S	•			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	+			nge 🗀 Additio	_
TITLE		☐ DELETE	5.1 TIFLE			Char	ide 🗀 waana	'
NAME			5.2 NAME	_		,		
STREET ADDRESS	•		53 STREET ADDRES	×>				- 1

CITY-ST-ZIP 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 or an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

Daytime Phone #

Change

Addition