

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 12 AM 9:17

DOCUMENT # G61376 (1)

1. Corporation Name

TRANS PACIFIC TOURS, INC.

Principal Place of Business

% MARVIN SCHWARTZ
3575 NE 207TH ST #A7
AVENTURA FL 33180

Mailing Address

% MARVIN SCHWARTZ
3575 NE 207TH ST #A7
AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1983

3a. Date of Last Report

04/20/1994

4. FEI Number

65-0098017

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

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SCHWARTZ, MARVIN
12498 N BAYSHORE RD
NORTH MIAMI FL 33181

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 the # associated)

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

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

DP
SCHWARTZ, MARVIN
2962 AVENTURA BLVD.
N. MIAMI BEACH FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
SCHWARTZ, MILICENT
2962 AVENTURA BLVD.
N. MIAMI BEACH FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13.

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

☒ Change ☐ Addition
3575 N.E. 207 Street - A7
AVENTURA, FL 33180

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

☒ Change ☐ Addition
3575 N.E. 207 Street - A7
AVENTURA, FL 33180

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

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(3)(b), 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:

Marvin Schwartz

MARVIN SCHWARTZ

6/7/95 305 9316600

(Type name and typed or printed name of signing officer or director)

Date

(Type Name #)