

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90029 003 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **L28327**

1. Corporation Name  
**VIAJES UNIVERSO INTERNACIONAL, INC.**

Principal Place of Business	Mailing Address
% SOCORRO SEVILLA <del>1137 NW 1ST ST</del> 300 SW 12 Ave #332A MIAMI-FL-33128 MIAMI, FL 33130	% SOCORRO SEVILLA <del>1137 NW 1ST ST</del> 300 SW 12 AVE #332A MIAMI-FL-33128 MIAMI, FL 33130



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 300 S W 12TH AVENUE	26 300 S W 12TH AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 332-A	27 332-A
City & State	City & State
23 MIAMI, FL	28 MIAMI, FL
Zip Country	Zip Country
24 33130 25 U S A	29 33130 30 U S A

3. Date Incorporated or Qualified	Applied For
11/08/1989	Not Applicable
4. FEI Number	Applied For
65-0165393	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

SEVILLA, SOCORRO  
~~1137 NW 1ST ST~~ 300 S W 12TH AVE STE #332-A  
 MIAMI-FL-33128 MIAMI, FL 33130

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	D CASTRO, DANIEL
STREET ADDRESS	<del>1137 NW 1ST ST</del> 330 SW 12 AVE, STE 332-A
CITY-ST-ZIP	MIAMI-FL MIAMI, FL 33130
TITLE	<input type="checkbox"/> DELETE
NAME	D SEVILLA, SOCORRO
STREET ADDRESS	<del>1137 NW 1ST ST</del> 330 SW 12 AVE, STE 332-A
CITY-ST-ZIP	MIAMI-FL MIAMI, FL 33130
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *SOCORRO SEVILLA* 04/25/99 305-324-6489  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)