

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L67877 (5)

1. Corporation Name

GENERAL WHOLESALERS TRAVEL & TOURS, INC.

Principal Place of Business

Mailing Address

**% ANGEL MARTIN OKSENGENDLER
2742 BISCAYNE BLVD
MIAMI FL 33137-4534**

**% ANGEL MARTIN OKSENGENDLER
2742 BISCAYNE BLVD
MIAMI FL 33137-4534**

DO NOT WRITE IN THIS SPACE.

9. Date Incorporated or Qualified

04/25/1990

9a. Date of Last Report

04/29/1994

4. FEI Number

65-0170520

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OKSENGENDLER, ANGEL MARTIN
2742 BISCAYNE BLVD
MIAMI FL**

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

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **OKSENGENDLER, ANGEL MART**
STREET ADDRESS **2742 BISCAYNE BLVD**
CITY- ST- ZIP **MIAMI FL**

1 1 TITLE Change Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY- ST- ZIP

TITLE **DT**
NAME **MATZ, SARAH R.**
STREET ADDRESS **2742 BISCAYNE BLVD**
CITY- ST- ZIP **MIAMI FL**

2 1 TITLE Change Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY- ST- ZIP

TITLE **DS**
NAME **MATZ, GEORGE P.**
STREET ADDRESS **2742 BISCAYNE BLVD.**
CITY- ST- ZIP **MIAMI FL**

3 1 TITLE Change Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4 1 TITLE Change Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5 1 TITLE Change Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY- ST- ZIP

TITLE
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **Vice President**

4/29/95 (301) 5769876
DATE Chapter 607, Florida Statutes