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

PROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90175 022 ***150.00

DOCUMENT # L67877

1. Corporat on 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 TH	HS SPACE		
MIAMI PL 33137	-4334		MINMI PE 30107	304				1	In corporat	ed or Qual	ifed		
<u> </u>			On Marilian Adales					4. FEI N				- <u> </u>	oplied For
2. Principal Pla	ace of Business		2a. Mailing Addre	:55						į.		<u> </u>	ot Applicable
21			26					007)170520				Ac ditional
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certif	cate of Sta	atus Desire	d 🗌	•	eg jiređ
22			27					-					
City & State			City & State					I		ign Financ	ing 🗆		May Be
23			Zip Country						F and Con				to Fees
Zíp	Coun	ry	Zip		ountry	,		1			current year		No
24	25		29	30	-1-				on al Prope	<u> </u>	Distaus	Yes	No
	9. Name and Add	ess of Current R	legistered Agent		- 04	Late		10. Nam	e ina Aac	iress of Ne	ew Registere	3 1 Ağenr	
A 4 4 T	7 0404110				81	Na	ıme						l
MATZ, SARAH R.					82	Str	reet Ad dr	ess (P.O. Bo	x Number	is Not Acc	ceptable)		
2742 BISCAYNE BLVD.						<u> </u>							
MIAN	N FL 33137				83	1							
					84	Cit	ty	-			F	85 Zip	Code .
						l			aid a dhi a ad		-	-	y .
office or re	to the provisions of Se egistered agent, or both in familiar with, and ac	 in the State of I 	Florida. Such chanc	ie was authoriz	ed by	the o	nea corp corporetio	oration subron's board o	nns this sta f cirectors. 	i nereby a	ccept the ap	pointment as re	gistered
SIGNATURE		1	. ,		·			•		't-			
SIGNATURE	Signature, typed or printed na	ne of registered agent an	d title if applicable.	. (NOTL: Register	ed Ager	nt signa	ture required	d when reinstatin	g)		DATE		
12.		OFFICERS AND		13	3.			ADDIT	ICNS/CH/	ANGES TO	OFFICERS	AND DIRECTO	
TITLE	PD		□ DE	ELETE 1.1	TITLE							Change	☐ Addition
NAME	MATZ, SARAH R.			1.2	NAME								
STREET ADDRE SS	2742 BISCAYNE E	BLVD		1.3	STREE	T ADDF	RESS						
CITY-ST-ZIP	MIAMI FL			14	CITY-S	T-ZIP	l						
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NAME				2.2	NAME		1						
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CITY-ST-ZIP TITLE					TITLE							Change	☐ Addition
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STREET ADDRESS				5.3	STREE	T ADDF	RESS						
CITY-ST-ZIP				5 4	CITY-S	ST-ZIP	L						
TITLE			D€	LETE 6.1	TITLE							Change	☐ Addition
NAME				6.2	NAME								į
STREET ADORESS				6.3	STREE	T ADDE	RESS						'

14. I heretly certify that the informalion 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 change c, or on an attactiment with an abdress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: