

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000074996 (8)**

1. Corporation Name

**MELIA TRAVEL (FLORIDA), INC.**



Principal Place of Business

Mailing Address

2000 UNIVERSAL STUDIOS  
SUITE 609  
ORLANDO FL 32819

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SUITE 609  
ORLANDO FL 32819

3. Date Incorporated or Qualified **10/28/1993** 3a. Date of Last Report **08/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 [ ]  
Suite, Apt. #, etc

26 **299 ALHAMBRA CIRCLE**

4. FEI Number **59-3210228** Applied For Not Applicable

22 [ ]  
City & State

27 **SUITE 404**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 [ ]  
Zip Country

28 **CORAL GABLES, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 [ ]

25 [ ]

29 **33134**

30 **U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAGO, RENE  
325 ALHAMBRA CIRCLE  
SUITE 609  
CORAL GABLES FL 33134**

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 the person filing this report

DATE Registered Agent Signature and Date of Filing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MARKS, HENRY E.</b>
STREET ADDRESS	<b>325 ALHAMBRA CIRCLE</b>
CITY - ST - ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>DAGO, RENE</b>
STREET ADDRESS	<b>325 ALHAMBRA CIRCLE</b>
CITY - ST - ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ZALDIVAR, JOSEFINA</b>
STREET ADDRESS	<b>325 ALHAMBRA CIRCLE</b>
CITY - ST - ZIP	<b>CORAL GABLES FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<b>P/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on
1.2 NAME	<b>GILBERT, ADRIAN T.</b>
1.3 STREET ADDRESS	<b>299 ALHAMBRA CIRCLE, SUITE 404</b>
1.4 CITY - ST - ZIP	<b>CORAL GABLES, FL 33134</b>
2.1 TITLE	<b>V/S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DAGO, RENE</b>
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<b>V/AS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>ARELLANO, RICARDO</b>
3.3 STREET ADDRESS	<b>299 ALHAMBRA CIRCLE, SUITE 404</b>
3.4 CITY - ST - ZIP	<b>CORAL GABLES, FL, 33134</b>
4.1 TITLE	<b>T/AS/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>VALIENTE, JUAN M.</b>
4.3 STREET ADDRESS	<b>299 ALHAMBRA CIRCLE, SUITE 404</b>
4.4 CITY - ST - ZIP	<b>CORAL GABLES, FL, 33134</b>
5.1 TITLE	<b>AT/AS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>FERRER, CARMELO</b>
5.3 STREET ADDRESS	<b>299 ALHAMBRA CIRCLE, SUITE 304</b>
5.4 CITY - ST - ZIP	<b>CORAL GABLES, FL, 33134</b>
6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>FERNANDEZ, FRANCISCO J.</b>
6.3 STREET ADDRESS	<b>151 MAJORCA AVE</b>
6.4 CITY - ST - ZIP	<b>CORAL GABLES, FL 33134</b>

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 119.07(3)(k), 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 its 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 changing, or on an attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ADRIAN T. GILBERT - PRESIDENT**

4-29-96 (305) 442-0767  
Date Daytime Phone #

CR2E034 (12/95)