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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000086020 (1)**

1. Corporation Name
FMA TRAVEL, TRADING AND REALTY CO.

Principal Place of Business	Mailing Address
1555 PALM BEACH LAKES BOULEVARD SUITE 1501 WEST PALM BEACH FL 33401	1555 PALM BEACH LAKES BOULEVARD SUITE 1501 WEST PALM BEACH FL 33401-2329

3. Date Incorporated or Qualified: 11/06/1995
3a. Date of Last Report: 04/11/1996

2. Principal Place of Business	2a. Mailing Address
21 7648 Southland Blvd.	26 7648 Southland Blvd.
Suite, Apt. #, etc. 22 103	Suite, Apt. #, etc. 27 103
City & State 23 Orlando FL	City & State 28 Orlando, FL
Zip / Country 24 32809 25 USA	Zip / Country 29 32809 30 USA

4. FEI Number: 59-3356127 ☐ 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

9. Name and Address of Current Registered Agent

TEIXEIRA, FLAVIO
1701 BRIDGEVIEW CIRCLE
ORLANDO FL 32824

10. Name and Address of New Registered Agent

81 Name: FLAVIO TEIXEIRA
82 Street Address (P.O. Box Number is Not Acceptable): 7648 Southland Blvd. # 103
83
84 City: Orlando FL 85 Zip Code: 32809

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: F. Teixeira FLAVIO TEIXEIRA 3/4/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TEIXEIRA, FLAVIO		1.2 NAME	
STREET ADDRESS	7648 SOUTHLAND BLVD #103		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: F. Teixeira FLAVIO TEIXEIRA 3/4/97 407 856-9115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #