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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600005359 (0)

M & J TRAVEL, INC.

Principal	Place of	Business	

Mailing Address

10283 HIDDEN SPRINGS COURT BOCA RATUN FL 33498 10283 HIDDEN SPRINGS COURT BOCA RATON FL 33498-6368

FILED Apr 29 1997 8:00am Secretary of State



					3. Date Incorporated or Qualified 01/16/1996	3a. D	ate of Last F	leport
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		A	pplied For
21 48°CC	NW 2ND AVE	26			65-06415	65	N	ot Applicable
Suite, Apt 22 # 6		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & State 23 3 () (City & State	·		6. Election Campaign Financing Trust Fund Contribution		•	May Be to Fees
	Country 31 25 PALM BCH	Zip 29	Coun	try	8. This corporation has liability for Florida Statutes	r intangible Ves [. 199.032,
	9. Name and Address of Current	Registered Agent			10. Name and Address of New I	Registered	Agent	
BEC	CKER, ISIDOR		ε	1 Name				
	83 HIDDEN SPRINGS COURT		-	32 Street	Address (D.O. Basella de la Constitución de la Cons			
	CA RATON FL 33498			50 Street	Address (P.O. Box Number is Not Accept	able)		
500	DA IMICITIE GOTSO		ε	33			····	
			ε	34 City			85 Zip	Code
						FL	<u> </u>	
11. Pursuarit	to the provisions of Sections 607.0502 egistered agent, or both, in the State a	and 607.1508, Florida St of Florida, Such change w	alutes, the abo	ove-named	corporation submits this statement for the poration's board of directors. I hereby acc	purpose o	f changing i	ts registered
agent la	n familiar with, and accept the obligat	tions of Section 607.0505	i, Florida Statu	tes.	polations board of directors. I hereby acc	ebi me abt	Johnmen as	registered
SIGNATURE	· -							
	Signature, typical or printed name of registered agon	t and title if applicable	(NOTE: Registered	Agent signature	required when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	RS IN 12.
	**	· · · · · · · · · · · · · · · · · · ·						
THILE	. PD	☐ DELETE	1.1 TITL	E	V. PRES / DIRECTO) P	Change	Addition
1	PD ISIDOR RECKÉR	☐ DELETE			V. PRES / DIRECT	R R	Change	Addition
NAME	ISIDOR, BECKER		1.2 NAM	AE .	Harvey, BECKE	PR PRINE	Change	WAddition OR T
NAME STREET ADDRESS	ISIDOR, BECKER 10283 HIDDEN SPRINGS COU		1.2 NAM 1.3 STRI	ie Eet adoress	Harvey, BECKE	FR . PRINE	s C D	₩ Addition
NAME STREET ADDRESS D(TY-ST-7/P	ISIDOR, BECKER	RT	1.2 NAV 1.3 STRI 1.4 CITY	ME EET ADORESS (-St-ZIP	V. PRES / DIRECTE Harvey, BECKE 10283 HIDDEN & BOCH Raton FI	FR . PRINE	s CD	URT
NAME STHEET ADDRESS DITY - ST - 70° TITLE	ISIDOR, BECKER 10283 HIDDEN SPRINGS COU		1.2 NAM 1.3 STRI	ME EET ADORESS (-St-ZIP	Harvey, BECKE	FR . PRINE	s C D	URT
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NAME STREET ADDRESS OTY-ST-7IP TITLE NAME STREET ADDRESS	ISIDOR, BECKER 10283 HIDDEN SPRINGS COU	RT	1.2 NAM 1.3 STRI 1.4 CITV 2.1 TITL 2.2 NAM 2.3 STRI	AE EET ADDRESS (-ST-ZIP E AE EET ADDRESS Y-ST-ZIP	Harvey, BECKE	FR . PRINE	s CD	URT
NAME STREET ADDRESS DITY-ST-70* TITLE NAME STREET ADDRESS CITY-ST-70*	ISIDOR, BECKER 10283 HIDDEN SPRINGS COU	RT DELETE	1.2 NAM 1.3 STRI 1.4 CITV 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CIT	AE EET ADDRESS 7-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E	Harvey, BECKE	FR . PRINE	S € D 4 9 8 ☐ Change	□ Addition
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NAME STREET ADDRESS DITY - ST- 7UP TITLE NAME STREET ADDRESS CITY - ST- 7UP TITLE NAME	ISIDOR, BECKER 10283 HIDDEN SPRINGS COU	DELETE DELETE DELETE	1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITL 4.2 NAM 4.3 STRI 5.1 TITL 5.2 NAM 5.3 STRI 5.4 CITY 6.1 TITL 6.2 NAM 6.3 STRI 6.3 STRI	AE EET ADDRESS (-ST-ZIP) E AE EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E ME EET ADDRESS (-ST-ZIP) E AE EET ADDRESS (-ST-ZIP) E AE EET ADDRESS (-ST-ZIP) E AE	Harvey, BECKE	FR . PRINE	S C D 4 9 8 Change Change	Addition Addition Addition

4. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 chapters, or on an appear with an address.

SIGNATURE:

CHATURE OUR TREE OR PRINTED HAVE OF BIGUND OFFICER OF BURGOTO

4-21-97

561-989-9110