


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 16, 1999 8:00 am**  
**Secretary of State**

08-16-1999 90001 014 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000090414**  
 1. Corporation Name  
**MONY TRAVEL AGENCY, INC.**



Principal Place of Business 735 N.W. 22ND AVENUE #1 MIAMI FL 33125	Mailing Address 735 N.W. 22ND AVENUE #1 MIAMI FL 33125
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1938 N.W. 17 <sup>TH</sup> AVENUE Suite, Apt. #, etc. 22 City & State 23 MIAMI FLORIDA Zip 24 33125	2a. Mailing Address 26 1938 N.W. 17 <sup>TH</sup> AVENUE Suite, Apt. #, etc. 27 City & State 28 MIAMI FL Zip 29 33125
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3. Date Incorporated or Qualified 10/21/1997	4. FEI Number 65-0788845	Applied For Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**SANCHEZ, EVANGELISTA**  
~~735 N.W. 22ND AVENUE~~  
~~MI~~  
**MIAMI FL 33125**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	1938 NW 17 <sup>TH</sup> AVENUE
83	
84 City	MIAMI
85 Zip Code	FL 33125

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SANCHEZ, EVANGELISTA	
STREET ADDRESS	735 N.W. 22ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *[Signature]* **REQUIRED** Date: 7/23/99 Daytime Phone #

CR2E034 (5/99)

PA7000090414  
605831-90001-14

July 23, 1999

Florida Department Of State  
Division Of Corporations  
Tallahassee, Florida 32399

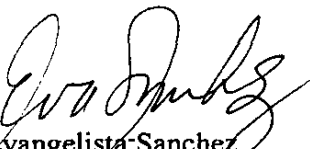
To whom it may concern:

Enclosed please find a corporate registration form and our check for \$150.00 for the annual filing fee. Unfortunately we did not receive the first notice and I can only come to the conclusion that it was mailed to our old address and was not forwarded to our new address by the Post Office. This second notice was recently forwarded to our new address.

Due to reasonable cause as explained above, we respectfully request that the penalty assessed with this form be abated.

If you have any questions please let us know.

Sincerely,



Evangelista Sanchez  
President, Mony Travel Agency, Inc.