FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90243 037 \*\*\*150.00

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

**PROFIT** CORPORATION ... ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

- Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **S21117**

1. Corporation Name

PIPO'S TRAVEL CORPORATION

			•				
Dringing Diggs	o of Punipage	Mailing Address				ITÄYT OTAIL GERET ATAIL O	ISIK BIBKI ISOI
Principal Place of Business  1313 PONCE DE LEON BLVD #201		1313 PONCE DE LEON BLVD #201		•			
STE. 300 STE. 300							
CORAL GABLES FL 33134 CORAL GABLES FL 33134					DO NOT WRITE IN T	HIS SPACE	
US US					3. Date Incorporated or Qualifed		
					12/27/1990	——————————————————————————————————————	
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number	·	plied For
21	,	26			65-0238867		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Red		
22		27				-	
City & State		City & State		6. Election Campaign Financing	\$5.00 ( Added to		
23 Country		Zip Country		Trust Fund Contribution		3 Fees	
Zip Country		$\neg$ $\Box$			This corporation owes the current year     Personal Property Tax.	rintangrole ∐Yes _ੀ	Man l
24	9. Name and Address of Current	1==1: _ : - : : : : : : : : : : : : : : : :	30	* 12275	10. Name and Address of New Registe		70.5
	3. Name and Address of Current	ruadiataren vilaint	81	Name	realing area constant at the tradition		
ROSPIGLIOSI, JUAN LUIS							
2050 CORAL WAY #405			82	Street Addr	Idress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33145			83				
	· ·		84	City		FL 85 Zip C	Code
11 Purcuant	to the provisions of Sections 607 0502	2 and 607 1508. Florida Statutes	s the above	e-named corp	poration submits this statement for the nurnor	e of changing its	registered
office or r	enistered agent, or both, in the State of	of Florida. Such change was aut	thorized by i	the corporation	on's board of directors. I hereby accept the	ppointment as reg	gistered
agent. i a	m familiar with, and accept the obligati	ions of, Section 607.0505, Flori	da Statutes.	•			}
SIGNATURE							\
••••	Stangture, typed or printed game of registered agent	and title if applicable. (NOTE: F	Registered Agen	nt signature require	d when reinstating) DA1	E	i
	Signature, typed or printed name of registered agent OFFICERS ANI		Registered Agen	nt signature require	d when reinstating) DAT ADDITIONS/CHANGES TO OFFICER		RS IN 12
12.				nt signature require			RS IN 12
12.	OFFICERS AND	D DIRECTORS	13.	nt signature require		S AND DIRECTO	
12. TITLE NAME	OFFICERS AND DP ROSPIGLIOSI, JUAN LUIS	D DIRECTORS	13. 1.1 TITLE			S AND DIRECTO	
12. TITLE NAME STREET ADDRESS	OFFICERS AND DP ROSPIGLIOSI, JUAN LUIS 2050 CORAL WAY #405	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	r Address		S AND DIRECTO	
12. TITLE NAME	OFFICERS AND DP ROSPIGLIOSI, JUAN LUIS	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	r Address		S AND DIRECTO	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DP ROSPIGLIOSI, JUAN LUIS 2050 CORAL WAY #405	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	r Address		S AND DIRECTO	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DP ROSPIGLIOSI, JUAN LUIS 2050 CORAL WAY #405 MIAMI FL	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	T ADDRESS T-ZIP		S AND DIRECTO	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DP ROSPIGLIOSI, JUAN LUIS 2050 CORAL WAY #405 MIAMI FL	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S1 2.1 TITLE 2.2 NAME	T ADDRESS T-ZIP T ADDRESS		S AND DIRECTO	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DP ROSPIGLIOSI, JUAN LUIS 2050 CORAL WAY #405 MIAMI FL	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET	T ADDRESS T-ZIP T ADDRESS		S AND DIRECTO	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DP ROSPIGLIOSI, JUAN LUIS 2050 CORAL WAY #405 MIAMI FL	D DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	T ADDRESS T-ZIP T ADDRESS		S AND DIRECTO	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DP ROSPIGLIOSI, JUAN LUIS 2050 CORAL WAY #405 MIAMI FL	D DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	T ADDRESS T-ZIP  T ADDRESS ST-ZIP		S AND DIRECTO	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DP ROSPIGLIOSI, JUAN LUIS 2050 CORAL WAY #405 MIAMI FL	D DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS T-ZIP T ADDRESS ST-ZIP		S AND DIRECTO	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DP ROSPIGLIOSI, JUAN LUIS 2050 CORAL WAY #405 MIAMI FL	D DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S1 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	T ADDRESS T-ZIP T ADDRESS ST-ZIP		S AND DIRECTO	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	OFFICERS AND DP ROSPIGLIOSI, JUAN LUIS 2050 CORAL WAY #405 MIAMI FL	D DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S1 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S	T ADDRESS T-ZIP T ADDRESS ST-ZIP		S AND DIRECTO	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DP ROSPIGLIOSI, JUAN LUIS 2050 CORAL WAY #405 MIAMI FL	D DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S1 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP		S AND DIRECTO	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DP ROSPIGLIOSI, JUAN LUIS 2050 CORAL WAY #405 MIAMI FL	D DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME	T ADDRESS T-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP		S AND DIRECTO	Addition Addition Addition
12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DP ROSPIGLIOSI, JUAN LUIS 2050 CORAL WAY #405 MIAMI FL	D DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET	T ADDRESS T-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP		S AND DIRECTO	Addition Addition Addition
12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DP ROSPIGLIOSI, JUAN LUIS 2050 CORAL WAY #405 MIAMI FL	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S1 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S	T ADDRESS T-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP		S AND DIRECTO	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DP ROSPIGLIOSI, JUAN LUIS 2050 CORAL WAY #405 MIAMI FL	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S1 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S1 5.1 TITLE	T ADDRESS T-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS T-ZIP		S AND DIRECTO	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DP ROSPIGLIOSI, JUAN LUIS 2050 CORAL WAY #405 MIAMI FL	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S1 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S1 5.1 TITLE 5.2 NAME	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS T-ZIP		S AND DIRECTO	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DP ROSPIGLIOSI, JUAN LUIS 2050 CORAL WAY #405 MIAMI FL	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-SI 5.1 TITLE 5.2 NAME 5.3 STREET 5.3 STREET 5.3 STREET	T ADDRESS T-ZIP  T ADDRESS ST-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP		S AND DIRECTO	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DP ROSPIGLIOSI, JUAN LUIS 2050 CORAL WAY #405 MIAMI FL	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S1 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S1 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S1 5.4 CITY-S1 5.5 ACITY-S1 5.5 ACITY-S1 5.4 CITY-S1 5.4 CITY-S1 5.4 CITY-S1 5.4 CITY-S1 5.4 CITY-S1 5.5 CITY-S1 5.4 CITY-S1 5.4 CITY-S1 5.4 CITY-S1 5.5 CITY	T ADDRESS T-ZIP  T ADDRESS ST-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP		S AND DIRECTO Change Change Change Change	Addition Addition Addition Addition Addition
12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP ROSPIGLIOSI, JUAN LUIS 2050 CORAL WAY #405 MIAMI FL	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-SI 5.1 TITLE 5.3 NAME 5.3 STREET 6.1 TITLE 6.3 TITLE 6.1 TITLE 6.1 TITLE	T ADDRESS T-ZIP  T ADDRESS ST-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP  F ADDRESS T-ZIP		S AND DIRECTO Change Change Change Change	Addition Addition Addition Addition Addition

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, with all other like empowered.

SIGNATURE:

(365) 443 -B(50