

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90087 045 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **S79470**

1. Corporation Name
BEACON CENTER TRAVEL, INC.

Principal Place of Business
**8339 NW 12 STREET
 MIAMI FL 31265**

Mailing Address
**8339 NW 12 STREET
 MIAMI FL 31265**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

09/10/1991

4. FEI Number
65-0283606

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

**TRUJILLO, LISSETTE
 5401 COLLINS AVE APT 1234
 MIAMI BEACH FL 33126**

10. Name and Address of New Registered Agent

81 Name **Same**
 82 Street Address (P.O. Box Number is Not Acceptable)
8426 NW 1st Street
 83 **MIAMI**
 84 City **MIAMI** **FL** 85 Zip Code **33126**

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 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	D <input checked="" type="checkbox"/> DELETE
NAME	TRUJILLO, LEANDRO O.
STREET ADDRESS	5401 COLLINS AVE APT 1234
CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	D <input type="checkbox"/> DELETE
NAME	TRUJILLO, LISSETTE
STREET ADDRESS	5401 COLLINS AVE APT 1234
CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	D <input type="checkbox"/> DELETE
NAME	TRUJILLO, LILIANA
STREET ADDRESS	5401 COLLINS AVE APT 1234
CITY-ST-ZIP	MIAMI BEACH FL 33140
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	

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	PD, TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Trujillo, Lisette
2.3 STREET ADDRESS	8426 NW 1st Street
2.4 CITY-ST-ZIP	Miami, FL 33126
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD, SA
3.3 STREET ADDRESS	Trujillo, Liliana
3.4 CITY-ST-ZIP	8426 NW 1st Street Miami, FL 33126
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, with all other like empowered.

SIGNATURE: *Lisette Trujillo* **Lisette Trujillo** **2/6/99** **(305) 477-9866**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)