

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90016 031 ***158.75

DOCUMENT # **G49388**

1. Corporation Name
FANTASTIC TRAVEL AGENCY, INC.

Principal Place of Business
909 S.W. 122ND AVENUE
MIAMI FL 33184

Mailing Address
909 S.W. 122ND AVENUE
MIAMI FL 33184



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/08/1983

4. FEI Number
59-2300165

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

2. Principal Place of Business
21 **933 S.W. 122ND AVE**

2a. Mailing Address
26 **933 S.W. 122ND AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
MIAMI, FL

27 City & State
MIAMI, FL

23 Zip
33184

28 Zip
33184

24 Country
U.S.A.

29 Country
U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORREDOR, PABLO
3630 JUSTISON DR.
COCONUT GROVE FL 33133**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE ☐ DELETE
NAME **PS LEWIS, JENNIFER**
STREET ADDRESS **909 SW 122ND AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **VT CORREDOR, PABLO**
STREET ADDRESS **909 SW 122ND AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **T LEWIS, JENNIFER**
STREET ADDRESS **% 909 S.W. 122ND AVE.**
CITY-ST-ZIP **MIAMI FL 33184**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PS CORREDOR JENNIFER**
1.3 STREET ADDRESS **933 SW 122ND AVE**
1.4 CITY-ST-ZIP **MIAMI, FL 33184**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **VT CORREDOR, PABLO**
2.3 STREET ADDRESS **933 SW 122ND AVE**
2.4 CITY-ST-ZIP **MIAMI, FL 33184**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **T CORREDOR, JENNIFER**
3.3 STREET ADDRESS **933 SW 122ND AVE**
3.4 CITY-ST-ZIP **MIAMI, FL 33184**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 28, 99 305551.1646

CR2E034 (11/98)

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