## I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

## SIGNATURE: LEONOR SCHUCK

25 SE 2ND AVE SUITE 725

MIAMI FL 33131

Electronic Signature of Signing Officer/Director Detail

TREASURER

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE:

Electronic Signature of Registered Agent **Officer/Director Detail :** D, PRESIDENT Title Title S TERNER, SALOMON PAPIR, ROSA TERNER Name Name 25 SE 2ND AVE 25 SE 2ND AVE Address Address SUITE 725 SUITE 725 City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI FL 33131 Title TREASURER Name SCHUCK, LEONOR

## Name and Address of Current Registered Agent:

TERNER, SALOMON 25 SE 2ND AVE SUITE 725

MIAMI, FL 33131 US

Address

City-State-Zip:

# **DOCUMENT# 456248**

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: TRAVEL ACCESSORIES, INC.

## **Current Principal Place of Business:**

25 SE 2ND AVE SUITE 725 MIAMI, FL 33131

## **Current Mailing Address:**

25 SE 2ND AVE SUITE 725 MIAMI, FL 33131 US

## FEI Number: 59-1548183

01/09/2019 Date

FILED Jan 09, 2019 Secretary of State 1041634273CC

## Certificate of Status Desired: No

Date