# 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.

CEO

#### SIGNATURE: ANGEL RIVERA

Electronic Signature of Signing Officer/Director Detail

2020	<b>FLORIDA</b>	PROFIT CC	<b>RPORATION</b>	I ANNUAL	REPORT

DOCUMENT# P20000001175

Entity Name: VACATIONS GROUP CORP

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

5038 W IRLO BRONSON MEMORIAL HWAY #2 KISSIMMEE, FL 34746

#### **Current Mailing Address:**

5038 W IRLO BRONSON MEMORIAL HWAY #2 KISSIMMEE, FL 34746 US

#### FEI Number: 84-4805073

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

REYES, JAIME 5038 W IRLO BRONSON MEMORIAL HWAY #2 KISSIMMEE, FL 34746 US

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:

**Officer/Director Detail :** VP Title Р Title RIVERA, ANGEL ROBLES, JENNIFER Name Name 5038 W IRLO BRONSON MEMORIAL 5038 W IRLO BRONSON MEMORIAL Address Address HWAY HWAY City-State-Zip: KISSIMMEE FL 34746 City-State-Zip: KISSIMMEE FL 34746

## FILED Jun 30, 2020 Secretary of State 8100750239CC

Certificate of Status Desired: No

06/30/2020

Date