that my name appears above, or on an attachment with all other like empowered.

AMBR

SIGNATURE: GUILLERMO D VEIGA

Electronic Signature of Signing Authorized Person(s) Detail

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L16000210511

Entity Name: MIAMI TRAVEL WORLD LLC

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

1200 WEST AVE SUITE 816 MIAMI BEACH, FL 33139-4317

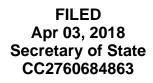
## **Current Mailing Address:**

PO BOX 340254 TAMPA, FL 33694 US

# FEI Number: 81-4440925

### Name and Address of Current Registered Agent:

QUINTELA, ROSA M 14802 N. DALE MABRY HWY SUITE 101 TAMPA, FL 33618 US



Certificate of Status Desired: Yes

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

#### Authorized Person(s) Detail :

City-State-Zip: TAMPA FL 33694

Title	AMBR	Title	AMBR
Name	VEIGA, GUILLERMO D	Name	FIGUEIRA, SANDRA N
Address	1111 BRICKELL AVE FL 11 MIAMI FL 33131	Address	PO BOX 340254
		City-State-Zip:	TAMPA FL 33694
City-State-Zip:		, , , , , , , , , , , , , , , , , , ,	
Title	AMBR		
Name	CARCANI PAPADACOS, ULISES F		
Address	PO BOX 340254		

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

04/03/2018

Date

Date