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

DOCUMENT # 485571 1. Corporation Name

KENDALL TRAVEL AGENCY, INC.

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90042 042 ***150.00



Principal Place of Business Mailing Address								1011 01011 1001
12542 N. KENDALL DRIVE 12542 N. KENDALL DRIVE								
MIAMI FL 33186 MIAMI FL 33186			_			DO NOT WRITE IN THIS SP	ACE	
						3. Date Incorporated or Qualifed		
						•		
0.00	(Duni-	2a. Mailing Address				08/29/1975 4. FEI Number	Ani	plied For
`	ace of Business					59-1615363-		Applicable
21 Suite Ant 1	# oto	Suite, Apt. #, etc		-		_ ·	8.75 A	
Suite, Apt.	#, etc.	27	•			5. Certifcate of Status Desired	Fee Re	
City & State		City & State				6. Election Campaign Financing	\$5.00	May Re
23 City di State	-	28				Trust Fund Contribution	Added to	-
Zip	Country	Zip	Cou	ıntry		8. This corporation owes the current year Intang	ible	
24	25	29	30	•		1 · · · · · · · · · · · · · · · · · · ·		□No
24	9. Name and Address of Currer					10. Name and Address of New Registered Age	ent	
				81	Name			1
ALTFIELD, FLORENCE				82	2 Street Address (P.O. Box Number is Not Acceptable)			 -
12542 N KENDALL DRIVE				82	Street Addres	ss (P.O. Box Number is not Acceptable)		}
MIAMI FL 33186				83				
)
				84	City	FL \'	B5 Zip C	ode
11 Pursuant	to the provisions of Sections 607.050	02 and 607.1508. Florida 9	Statutes, the a	bove	-named corpo	ration submits this statement for the purpose of cha	anging its	registered
office or re	egistered agent, or hoth/in the\State	ynf Florida, Such change v	was authorize	a bv i	ine comporation	's board of directors. I hereby accept the appointm	ent as reg	gistered
	m facilities with, and accept the oblig	tions of Section 607.050	o, riorida Stai	iul e s.		שות וו	9	l
SIGNATURE	Signature, typed or printed name of registered age	-00	(NOTE: Registere	đ Agent	signature required	when reinstating) DATE		— \
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTO	RS IN 12
TITLE	Р	DELE"	TE 1,1 T	ITLE			Change	☐ Addition
NAME (ALTFIELD, FLORENCE							
STREET ADDRESS			1.2 N	AME				Ĭ
			1		ADDRESS			}
1 1	12542 N KENDALL DRIVE		1.3 S	TREET	1			
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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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: