

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
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90040 015 ***150.00

DOCUMENT # 514347

1. Corporation Name

FOUR CORNERS TRAVEL AGENCY, INC.

Principal Place of Business

1065 KANE CONCOURSE, SUITE 101
BAY HARBOUR ISLANDS FL 33154
US

Mailing Address

1065 KANE CONCOURSE, SUITE 101
BAY HARBOUR ISLANDS FL 33154
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1976

4. FEI Number

59-1699915

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

CHALEM, ALBERTO
1065 KANE CONCOURSE, SUITE 101
BAY HARBOUR ISLANDS FL 33154

10. Name and Address of New Registered Agent

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 ☐ DELETE

TITLE PD
NAME CHALEM, ALBERTO
STREET ADDRESS 20741 NE 21ST COURT
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE VT
NAME CHALEM, ISABEL
STREET ADDRESS 20741 NE 21ST COURT
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE SD
NAME CHALEM, ISABEL
STREET ADDRESS 20741 NE 21ST COURT
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE PRESIDENT
1.2 NAME ALBERTO CHALEM
1.3 STREET ADDRESS 1065 Kane Conc.
1.4 CITY-ST-ZIP Bay Harbor FL 33154

2.1 TITLE VICEPRESIDENT
2.2 NAME Isabel Chalem
2.3 STREET ADDRESS 1065 Kane Conc.
2.4 CITY-ST-ZIP Bay Harbor FL 33154

3.1 TITLE VICE SECRETARY
3.2 NAME Isabel Chalem
3.3 STREET ADDRESS 1065 Kane Concourse
3.4 CITY-ST-ZIP Bay Harbor FL 33154

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

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

6.1 TITLE
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 all other like empowered.

SIGNATURE:

Alberto Chalem
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/99 (305) 8650850

CR2E034 (1/198)

0272798