FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90015 009 ***150.00

PRESTO	TRAVEL AGENCY, INC.							
Principal Plac	e of Business	Mailing Address			⊣ '	 		
3935 NW 26 ST. MIAMI FL 30142		1607 PONCE DE LEON BLVD. SUITE 101 CORAL GABLES FL 33134		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
		US				•		
3 Deignales I D	News of Projects	2a. Mailing Address	-		4. FEI N	0/1977	Δο	Flied For
— '	Place of Business	26. Mauling Address			i i	735505		t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75	
22	,,, στο.	27			5. Certifo	ate of Status Desired	Fee Re	equired
City & Stat	de .	City & State			6. Election	n Campaign Financing	\$5.00	May Be
23		28			Trust	und Contribution	Added t	
Zip Cour try		Zip Country		/	8. This c	rporation owes the current	year ntangible	_
24		29	30			al Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name	and Address of New Reg	istered Agent	
NII IA	IEZ, ALEJANDRO ESQ		81	Name	les f	4. Alexandro	グラムー	
	7 PONCE DE LEON BLVD.		82	Street Acd	ress (P.O. Bo	Number is Not Acceptable)	
				<u> </u>	21 21	5 100 S	<u> </u>	
SUITE 101 CORAL GABLES FL 33134			83					
COPAL GABLES I E 33104			84	City	ا ا		FL 85 Zip (ode T
	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	cf Florida. Such change was a point of, Section 607.0505, Fl	rida Statute	the corporation	on's board of トトレロミ	clirectors. Thereby accept the	ne aprointment as re	g stered
	Standara, typed or printed name of registered ager			nt signature require		ONS/CHANGES TO OFFIC	DATE VND DIRECTO	EIS IN 12
12.	PSTD OFFICERS AN	DELETE	13.	—т-	AUUIII	ONS/CHANGES TO OFFIC	Change	Addition
TITLE	HERNANDEZ, JORGE	□ pctc.c		1 2 NAME			G y.	
NAME	011/ 400ND OTDEET		1	T ADDRESS				
STREET ADDRESS	MIAMI FL 33176		1					•
CITY-ST-ZIP TITLE	MIMMI FE 33170	☐ DELETE		1.4 CITY-ST-ZIP 2.1 TITLE			☐ Change	Addition
	ţ			2.2 NAME				_
NAME				T ADDRESS				
STREET ADDRESS			2, 4 CiTY-	- 1				
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE				☐ Change	Addition
NAME			32 NAME					
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			_	
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4, 2 NAME	:				
STREET ADDRESS			43 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME			52 NAME					
STREET ADDRESS			5.3 STREE	TADDRESS				
CITY-ST-ZIP			5.4 CITY-3	ST-ZIP				
TITLE	<u> </u>		_					
17.122		☐ DELETE	6.1 TITLE				☐ Change	Addition
NAME		☐ DELETE	6.1 TITLE 6.2 NAME				☐ Change	Addition

14. I hereby certify that the information supplied with this filing does not qualify fir the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report of 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 recuired 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:

ATLING AND TYPED OR PRINTED NAME OF STONING OFFICER OR DIRECTOR

HSINDOZZ Zases V

4/23/57 Date

Daytime Phone #

CR2E034 (11/98