

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

• PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morahan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **541263**

(0)

1. Corporation Name

TRAVEL DELIGHT, INC.



Principal Place of Business

**2575 COLLINS AVE
STE 9
MIAMI BCH FL 33140**

Mailing Address

**2575 COLLINS AVE
STE 9
MIAMI BCH FL 33140**

3. Date Incorporated or Qualified

07/14/1977

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1754302

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CID, MURIEL
2555 COLLINS AVENUE SUITE 9
MIAMI, FL
33140**

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 below of registered agent for this corporation

Printed Name of Agent for this corporation (separate from filing)

Date

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **CID, MURIEL**
STREET ADDRESS **1325 N BISCAYNE PT RD**
CITY-STATE-ZIP **MIAMI BCH, FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
12. NAME
13. STREET ADDRESS
14. CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition
32. NAME
33. STREET ADDRESS
34. CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition
42. NAME
43. STREET ADDRESS
44. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition
52. NAME
53. STREET ADDRESS
54. CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition
62. NAME
63. STREET ADDRESS
64. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

MURIEL CID **MURIEL CID** *PROF*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96 **(305) 538-0451**

CR2E034 (12/95)