

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **613834** (1)

1. Corporation Name

**VENTUREBOUND TRAVEL, INC.**



Principal Place of Business

Mailing Address

**630 S MIAMI AVE  
ONE BRICKELL SQUARE LOBBY  
MIAMI FL 33130  
US**

**630 S MIAMI AVE  
ONE BRICKELL SQUARE LOBBY  
MIAMI FL 33130  
US**

3. Date Incorporated or Qualified  
**03/19/1979**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
**59-1930207**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MYLES, BRUCE L.  
2201 BRICKELL AVENUE #62  
MIAMI FL 33129**

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

*Bruce L. Myles*

*4/26/96*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **DP**  
STREET ADDRESS **MYLES, BRUCE L**  
CITY-ST-ZIP **2201 BRICKELL AVE #62**  
**MIAMI, FL 00000**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.2 NAME

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.3 STREET ADDRESS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.3 STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.4 CITY-ST-ZIP

SIGNATURE

3.1 TITLE ☐ Change ☐ Addition

SIGNATURE

3.2 NAME

SIGNATURE

3.3 STREET ADDRESS

SIGNATURE

3.4 CITY-ST-ZIP

SIGNATURE

4.1 TITLE ☐ Change ☐ Addition

SIGNATURE

4.2 NAME

SIGNATURE

4.3 STREET ADDRESS

SIGNATURE

4.4 CITY-ST-ZIP

SIGNATURE

5.1 TITLE ☐ Change ☐ Addition

SIGNATURE

5.2 NAME

SIGNATURE

5.3 STREET ADDRESS

SIGNATURE

5.4 CITY-ST-ZIP

SIGNATURE

6.1 TITLE ☐ Change ☐ Addition

SIGNATURE

6.2 NAME

SIGNATURE

6.3 STREET ADDRESS

SIGNATURE

6.4 CITY-ST-ZIP

SIGNATURE

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:

*Bruce L. Myles*

*4/26/96*

*(305) 377 4444*

Date

Corporate Phone #

CR2E034 (12/95)