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

**PROFIT** CORPORATION ANNUAL REPORT

*r* 1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 25 1997 8:00am

Secretary of State

305-649-5700

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 620507

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GRAN TRAVEL AGENCY, INC.

Lam an officer or director of the cor appears in Block 12 or Block 13 if

SIGNATURE AND

SIGNATURE:

Principal Place of Business Mailing Address 2351 WEST FLAGLER ST. 2351 WEST FLAGLER ST. MIAMI FL 33135-1524 MIAMI FL 33135 3. Date Incorporated or Qualified 3a. Date of Last Report 04/18/1996 05/04/1979 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 59-1907528 Not Applicable 26 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Žib Country 200 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name VIDAL, SERGIO 2351 WEST FLAGLER ST. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33135** 83 Zip Code **B4** 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. Lem familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Stgrunnel type thor pioni at name of nigerosed agent and totalif applicable [NOTE Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change Addition DELFTE 1.1 TITLE THEE VIDAL, SERGIO 1.2 NAME NAME 2351 W. FLAGLER ST. 1.3 STREET ADDRESS STREET ADORESS MIAMI FL 1.4 CITY - ST - ZIP City-51 20: Addition DELETE Change 21 TITLE THILE O'DELL, ANA (ASST SEC) 2.2 NAME NAME 6755 NW 169TH ST, #C 23 STREET ADDRESS SEREM ADDRESS HIALEAH, FL 00000 2 4 CITY - ST-ZIP CITY 51 7+1 Change ■ Addition DELETE 3.1 TITLE LILE VIDAL, TERESA 3.2 NAME NAME 19220 ROYAL BIRK DALE 3.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 3.4 CITY-ST-ZIP CPM-SI-ZP Change Addition DEL**é** le  $\Pi \cup E$ 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY-ST-ZIP CITY - 51 - Z6 Addition DELETE Change 5.1 TITLE 11111 NAM: STREET ADDRESS **5 3 STREET ADDRESS** 54 CITY-ST-ZIP CHY-ST ZIE Change Addition DELETE 3003 61 TIFLE RAM-6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - \$T-2IP C-14 - S1 - 7/P 14. Los hereby certify that the informatio vs./upblied with this filling 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 comorphion or fine repoiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

chment with an address.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR