

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

DOCUMENT # 689806

1. Corporation Name
SPACE TRAVEL, INC.

Principal Place of Business

3226 NW 7 ST.
MIAMI FL 33125

Mailing Address

3226 NW 7 ST.
MIAMI FL 33125

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90019 010 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1980

4. FEI Number

59-2032460

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 10630 Fontainebleau Blvd
Suite, Apt. #, etc.

26 10630 Fontainebleau Blvd
Suite, Apt. #, etc.

22 Miami, Florida

27 Miami, Florida

City & State

City & State

23 33172

28 33172

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

REMIS, GLORIA E.
1651 NW 19 AVE.
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name

Richard A. Crisonino

82 Street Address (P.O. Box Number is Not Acceptable)

2534 S.W. 6th Street

83

Miami, Florida

84 City

FL

85 Zip Code
33135

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-9-99

12. OFFICERS AND DIRECTORS

TITLE PT
NAME REMIS, GLORIA E.
STREET ADDRESS 1651 NW 19 AVE.
CITY-ST-ZIP MIAMI FL
☒ DELETE

TITLE VS
NAME REMIS, ROBERTO
STREET ADDRESS 1651 NW 19 AVE.
CITY-ST-ZIP MIAMI FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, D
1.2 NAME LOUIS SAMANIEGO
1.3 STREET ADDRESS 10630 Fontainebleau Blvd
1.4 CITY-ST-ZIP Miami, Florida 33172
☒ Change ☐ Addition

2.1 TITLE V, S, T, D
2.2 NAME KLARA SAMANIEGO
2.3 STREET ADDRESS 10630 Fontainebleau Blvd
2.4 CITY-ST-ZIP Miami, Florida 33172
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-99 (305) 552-1119

Date

Daytime Phone #

CR2E034 (1/98)