

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **F17695 (0)**

95 JAN 17 AM 11:51

VIAJES COMUNIDAD INTERNATIONAL SERVICES, INC.

Principal Place of Business: **INC. 4800 W FLAGLER ST. STE 10 MIAMI FL 33134**

Mailing Address: **INC. 4800 W FLAGLER ST. STE 10 MIAMI FL 33134**

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

22. State Apt. # etc. **27**

23. City & State: **28**

24. Zip: **25** Country: **29** Country: **30**

3. Date incorporated or qualified: **02/03/1981**

3a. Date of Last Report: **02/22/1994**

4. FET Number: **59-2174773**

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: **RODRIGUEZ, VINCENTE 4800 W FLAGLER ST, STE 10 MIAMI FL 33134**

10. Name and Address of New Registered Agent:

81. Name:

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

83. City:

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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	DP RODRIGUEZ, VINCENTE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10220 SW 37TH TERR	1.1 NAME	
CITY & STATE	MIAMI, FL 0	1.2 STREET ADDRESS	
ZIP	S	1.3 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, AMERICA	2.1 TITLE	
STREET ADDRESS	10220 SW 37TH TERR.	2.1 NAME	
CITY & STATE	MIAMI FL	2.2 STREET ADDRESS	
ZIP		2.3 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.1 TITLE	
STREET ADDRESS		3.1 NAME	
CITY & STATE		3.2 STREET ADDRESS	
ZIP		3.3 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.1 TITLE	
STREET ADDRESS		4.1 NAME	
CITY & STATE		4.2 STREET ADDRESS	
ZIP		4.3 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.1 TITLE	
STREET ADDRESS		5.1 NAME	
CITY & STATE		5.2 STREET ADDRESS	
ZIP		5.3 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I certify that the information supplied on this form is true and correct, and that the corporation is in compliance with the provisions of the Florida Statutes. I further certify that the information is true and correct, and that the corporation is in compliance with the provisions of the Florida Statutes. I further certify that the information is true and correct, and that the corporation is in compliance with the provisions of the Florida Statutes.

SIGNATURE: *Vincente Rodriguez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR