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

PROFIT CORPORATION ANNUAL REPORT



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

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SIGNATURE:

DOCUMENT # **F54023** 

(9)

SPEEDY	TRAVEL, INC.				
Principal Place c	of Business	Mailing Address		1 100 170 TON TON THE TOTAL PROPERTY OF THE	i este atala Billit atast alakt åtätt Aldit 1831
3818 S.W. 8 S CORAL GABLE		3818 S.W. 8 ST. Coral Gables Fl 3	3134		
				3. Date incorporated or Qualified 11/05/1981	3a. Date of Last Report 02/03/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
at l		26		59-2136841	Not Applicable
Sute, Apt.#,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country <b>25</b>	7(p)	Country 30	8. This corporation has liability for in Florida Statutes Yes	ntarigible tax under s. 199.032,
•1	9. Name and Address of 0			10. Name and Address of New R	, <del></del>
			B1 Name	, _ / FIRM PROPERTY OF CHARLES	
ORTIZ, C	ARY		82 Street Add	ress (P.O. Box Number is Not Acceptab	IA
3818 S.W	/. 8 ST.		62 Street Add	ress (P.O. Box Number is not Acceptab	
MIAMI FL	. 33134		55		
			84 City		FL 85 Zip Code
12.		RS AND DIRECTORS	OTE Hogistered Agent signature require	ed when revistating)  ADDITIONS/CHANGES TO OFFI	
1111:8	PD	☐ DETELE	1 1 TITLE		☐ Change ☐ Addition
iAM)	ORTIZ, CARY		1.2 NAME		
STATE ! ADDRESS	3818 S.W. 8 ST. MIAMI FL		1.3 STREET ADDRESS		
ili¥-\$1-ZiP Hu€	MIAMI FL		14 CITY - ST - ZIP 2 1 TITUE		Change Addition
AME			2 2 NAME		
CHELT ADOPESS			2.3 STREET ADDRESS		
PTY ST-ZIF			24 CITY ST-ZIP		
ELF.		#11910 DELETE	3 TITLE		Change Addition
AME			3 2 NAME		
PREET ADORESS PITY+ST-ZIF			3.3 STREET ADDRESS		
IILF	*	DETFIE	3.4 CITY - \$1 - ZIP 4.1 TITLE		Change Addition
IAMi		_	4.2 NAME		
PREET ADDRESS			4.3 STREET ADDRUSS		
DITY ST ZIP			4.4 CITY - S1 - ZIP		· · · · · · · · · · · · · · · · · · ·
IFLF		DELETE	5 1 TITLE		☐ Change ☐ Addition
AMF			5.2 NAME		
FEET ADDRESS DITY-SE-ZIP			5 3 STREET ADDRESS		
ATEF		DELETE	5 4 C(1) Y · S1 - ZIP 6 1 TITLE		Change Addition
IAM!			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CHY ST ZIF			6 4 CITY - ST - ZIP		
certify that t	the information indicated on th	s annual report or supplemental an	oual report is true and accura	for the exemption stated in Section 119. ate and that my signature shall have the is report as required by Chapter 607, Fix	same lenal effect as if made under