

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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F57297 (6)

1. Corporation Name

HORIZONS TRAVEL, INC.

Principal Place of Business

**% CARLOS SALTZ
8941 SW 17TH ST.
MIAMI FL 33165**

Mailing Address

**% CARLOS SALTZ
8941 SW 17TH ST.
MIAMI FL 33165**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified	3a. Date of Last Report
12/07/1981	05/01/1994
4. FEI Number	Appeals For
NOT APPLICABLE	Not Applicable
5. Certificate of Status: Domestic	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions	\$5.00 May Be Added to Fees
7. Foreign Corporation has consistently not complied with reporting requirements	
Foreign Statutes	Yes ☒ No ☐

2. Principal Place of Business	2a. Mailing Address
21. State Apt. # etc.	26. State Apt. # etc.
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent

**SALTZ, EVA
8941 SW 17 ST
MIAMI, FL
33165**

10. Name and Address of New Registered Agent

81. Name	85. State
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. Zip	

FL

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is duly organized under the laws of the State of Florida, and that the foregoing information is true and correct to the best of my knowledge and belief. I am a resident of the State of Florida, and I am a resident of the State of Florida.

Signature

12. Name and Address of Agent	13. Name and Address of Agent
PD SALTZ, EVA 8941 S W 17 ST. MIAMI, FL 0	
NAME	NAME
ADDRESS	ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
NAME	NAME
ADDRESS	ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
NAME	NAME
ADDRESS	ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
NAME	NAME
ADDRESS	ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
NAME	NAME
ADDRESS	ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is duly organized under the laws of the State of Florida, and that the foregoing information is true and correct to the best of my knowledge and belief. I am a resident of the State of Florida, and I am a resident of the State of Florida.

SIGNATURE:

Eva Saltz - Eva Saltz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/95 (305) 553-6471