

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # F87134 (5)

1. Corporation Name

V.I.P. INTERNATIONAL TRAVEL, INC.



Principal Place of Business

**170 S.W. 63 AVENUE
MIAMI FL 33144**

Mailing Address

**170 S.W. 63 AVENUE
MIAMI FL 33144**

3. Date Incorporated or Qualified
05/24/1982

3a. Date of Last Report
07/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2211056

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

**PUIG, IRENE N
170 SW 63 AVENUE (63 Ave.)
MIAMI FL 33144**

81 Name

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

83

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

SIGNATURE

Signature, typed or printed name of registered agent and, if not applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME **PUIG, IRENE**
STREET ADDRESS **170 S.W. 63RD AVE.**
CITY-ST-ZIP **MIAMI FL**

TITLE STD ☐ DELETE

NAME **PUIG, VICTOR A.**
STREET ADDRESS **170 S.W. 63RD AVE.**
CITY-ST-ZIP **MIAMI FL**

TITLE VD ☐ DELETE

NAME **PENALVER, RAFAEL A.**
STREET ADDRESS **1101 BRICKELL AVE #1700**
CITY-ST-ZIP **MIAMI FL**

TITLE VM ☐ DELETE

NAME **FONKE, CAROLINA (MULKAY)**
STREET ADDRESS **224 GRAYLYNA PLACE**
CITY-ST-ZIP **FAYETTEVILLE NC**

TITLE D ☐ DELETE

NAME **FONKE, JEROME**
STREET ADDRESS **224 GRAYLYNA PLACE**
CITY-ST-ZIP **FAYETTEVILLE NC**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTOR A PUIG

Date

Daytime Phone #

4/29/96

305 485 3016

CR2E034 (12/95)