


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90179 045 ***150.00

DOCUMENT # F87378 1. Entity Name MIAMI TRAVEL, INC.	
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Principal Place of Business 1200 BRICKELL AVE 640 MIAMI, FL 33131 US	Mailing Address 1200 BRICKELL AVE 640 MIAMI, FL 33131 US
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DO NOT WRITE IN THIS SPACE

04082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2192670	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DINER, MANUEL P A 141 N.E. 3RD AVE. SUITE 601 MIAMI, FL 33132	7735 N.W. 146 Street Suite 300 Miami Lakes, FL 33016
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Manuel P. Diner* DATE 4-22-04
*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHERMAN, MIRIAM 1200 BRICKWELL AVE STE. 640 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS SHERMAN, MORRIS 1200 BRICKWELL AVE. SYE 640 MIAMI, FL 33131
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**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Morris Sherman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-04
Date

305 374-0550
Daytime Phone #