

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 PM 11:00

DOCUMENT # **G15424**

(6)

1. Corporation Name

DALE A. BAX, D.M.D., P.A.

Principal Place of Business

**12530 NEW BRITTANY BLVD.
SUITE A
FT. MYERS FL 33907**

Mailing Address

**12530 NEW BRITTANY BLVD.
SUITE A
FT. MYERS FL 33907**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 BRITTANY

2a. Mailing Address

26

Suite, Apt. #, etc

22 SUITE (BRITAIN)

Suite, Apt. #, etc

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

3. Date Incorporated or Qualified

12/23/1982

3a. Date of Last Report

05/12/1994

4. FEI Number

59-2240133

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**BAX, DALE A.
12530 N. BRITTANY BLVD. STE A
FT. MYERS FL 33907**

10. Name and Address of New Registered Agent

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, printed or printed name of registered agent and that it is acceptable)

(Typed, printed or printed name of registered agent and that it is acceptable)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**PSD
BAX, DALE A D M D
12530 N. BRITTANY BLVD.
FT MYERS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

DALE A. BAX, DMD

5/1/95

813 936 3030

(Typed, printed or printed name of signing officer or director)

(Date)

(Telephone Number)

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **G16460** (9)

1. Corporation Name

SOUTH TRAVEL, INC.

Principal Place of Business

**9835 SUNSET DR
SUITE 100
MIAMI FL 33173**

Mailing Address

**9835 SUNSET DR
SUITE 100
MIAMI FL 33173**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1982

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2240229

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURAI, WALD, BIONDO & MATTHEWS, P.A.
25 SE 2ND AVENUE, 830 INGRAHAM BLDG.
MIAMI FL 33131**

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 the applicable fee)

(If 2311 Registered Agent required, required when registering)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **ARGUMOSA, LUIS I.**
STREET ADDRESS **VALLE ALTO, APT. 3-A**
CITY ST ZIP **CARACAS, VENEZUELA**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE **VST**
NAME **DE ARGUMOSA, ELISA M.**
STREET ADDRESS **VALLE ALTO, APT. 3-A**
CITY ST ZIP **CARACAS, VENEZUELA**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

☒ Change ☐ Addition

TITLE **D**
NAME **DE ARGUMOSA, ELISA M.**
STREET ADDRESS **VALLE ALTO, APT. 3-A**
CITY ST ZIP **CARACAS, VENEZUELA**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment to an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

Date

(Signature/Printed Name)

RAMON MARINO

6/1/95