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

APPROVED
AND
FILED

95 MAY -1 AM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G56436** **(O)**

1. Corporate Name
PONCE DE LEON TRAVEL, INC.

Principal Place of Business
7329 W FLAGLER
MIAMI,F L 33144

Mailing Address
7329 W FLAGLER
MIAMI,F L 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/25/1983**
3a. Date of Last Report: **02/21/1994**

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

4. FEI Number: **59-2326501** — 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. Does corporation pay liability for intangible tax under § 199.032, Florida Statutes? ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
GRAY, RICHARD V. ESQ.
2701 LEJEUNE RD., #405
CORAL GABLES FL 33134

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 Section 607.0505 and 607.1608, 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

12. OFFICERS AND DIRECTORS

Title	Name / Address
D	PONCE DE LEON, ANA MARIA 7329 W FLAGER ST. MIAMI FL
P	FUENTES, HUGO 7325 W FLAGLER MIAMI,F L 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title	Name / Address	
		☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is accurate and that the report is not delinquent for the reasons stated in Sections 607.0505(6), Florida Statutes. I further certify that the information contained in 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 person or individual designated to sign the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or attached hereto with an asterisk.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95 — Date
266 3801 — Daytime Phone #

0156462 CP