

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J03076**

(3)

1. Corporation Name

OCEAN TRAVEL, INC.

Principal Place of Business

**8036 S.W. 81ST DR.
MIAMI FL 33143-3609**

Mailing Address

**8036 S.W. 81ST DR.
MIAMI FL 33143-3609**



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

**GARCIA, MAGALY
9490 S.W. 64TH ST.
MIAMI FL 33173**

81

Name

82

Street Address (P.O. Box Numbers Not Acceptable)

83

84

City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.05(3), 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 607.05(5), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Agent or Director

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE

**DST
GARCIA, LUIS E.
9490 SW 64TH ST
MIAMI FL**

☐ DELETE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

1. TITLE

**DP
GARCIA, MAGALY
9490 SW 64TH ST
MIAMI FL**

☐ DELETE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

1. TITLE

**DP
GARCIA, MAGALY
9490 SW 64TH ST
MIAMI FL**

☐ DELETE

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4. CITY-ST-ZIP

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4. CITY-ST-ZIP

1. TITLE

**DP
GARCIA, MAGALY
9490 SW 64TH ST
MIAMI FL**

☐ DELETE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE: *Magaly Garcia* Magaly Garcia - President

4/25/96

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)