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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 PM 0:53

DOCUMENT # K30823 (4)

1. Corporation Name
FLORIDA SUNNY TRAVEL AND TOURS, INC. II

Principal Place of Business	Mailing Address
1625 N.W. 107TH AVENUE MIAMI FL 33172	1625 N.W. 107TH AVENUE MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1988
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business	2a. Mailing Address
21 8306 Mills Drive	26 8306 Mills Drive
Suite, Apt. #, etc. 22 Suite 243	Suite, Apt. #, etc. 27 Suite 243
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33173 Country 25 DADE	Zip 29 33173 Country 30 DADE

4. FEI Number: 65-0068582 ☐ 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
ORFILA, MARIA REGINA 1625 NW 107TH AVENUE MIAMI FL 33172	81 Name: Ms. Maureen O'Donell 82 Street Address (P.O. Box Number is Not Acceptable): 13320 S.W. 128 St., 83 84 City: Miami FL 85 Zip Code: 33186

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: Maureen O'Donell — 5/23/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	11 TITLE	DPS ☒ Change ☐ Addition
NAME	ORFILA, MARIA R	12 NAME	ORFILA, MARIA R.
STREET ADDRESS	1625 NW 107TH AVENUE	13 STREET ADDRESS	8306 MILLS DRIVE, SUITE 243
CITY-ST-ZIP	MIAMI FL 33172	14 CITY-ST-ZIP	MIAMI, FLA. 33173
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 119.07(3)(i), 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: Maria R. Orfila MARIA R. ORFILA 5/23/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0186094 CP