

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K49957** (9)

1. Corporation Name

**SUN BEACH TRAVEL, INC.**



Principal Place of Business

**19250 COLLINS AVE  
NORTH MIAMI BEACH FL 33160  
US**

Mailing Address

**19250 COLLINS AVE  
NORTH MIAMI BEACH FL 33160  
US**

3. Date Incorporated or Qualified

**12/02/1988**

3a. Date of Last Report

**03/21/1995**

2. Principal Place of Business

21 **7325 Collins Ave**

Suite, Apt. #, etc.

2a. Mailing Address

26 **7325 Collins Ave**

Suite, Apt. #, etc.

4. FEI Number

**65-0086187**

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

22 City & State

23 **Miami Beach, FL**

Zip

Country

24 **33141**

25 **USA**

27 City & State

28 **MIAMI BEACH, FL**

Zip

Country

29 **33141**

30 **USA**

9. Name and Address of Current Registered Agent

**DIAZ, ANNE MARIE  
19250 COLLINS AVE  
N. MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**7325 Collins Avenue**

83

84 City

**MIAMI BEACH**

FL

85 Zip Code

**33141**

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, if applicable

(NOTE: Signature of Agent is required after registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	DIAZ, ANNEMARIE	
STREET ADDRESS	20300 W. COUNTRY CLUB DR	
CITY- ST- ZIP	NORTH MIAMI BCH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SCHWARZENBACH, GEORGE	
STREET ADDRESS	320 POINCIANA DR	
CITY- ST- ZIP	NORTH MIAMI BCH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SCHWARZENBACH, GERTI	
STREET ADDRESS	320 POINCIANA DR	
CITY- ST- ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(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:

**A. Diaz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ANNEMARIE DIAZ**

**04/29/96**

DATE

**305 865 6564**

Daytime Phone #

CR2E034 (12/95)