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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K76659

(7)

1. Corporation Name

CENTRAL TRAVEL SERVICES, INC.

Principal Place of Business

**1780 SANS SOUCI BLVD
N MIAMI FL 33181**

Mailing Address

**1780 SANS SOUCI BLVD
N MIAMI FL 33181**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created

03/30/1989

3a. Date of Last Report

02/25/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

05-0107288

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

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

**MORALES-SERRANO, GLORIA
10175 COLLINS AVE
APT 204
BAL HARBOR FL 33154**

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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **FERNANDEZ, ILEANA A**
STREET ADDRESS **1235 PENNSYLVANIA AVE, 2E**
CITY - ST - ZIP **MIAMI BCH FL**

1.1 TITLE **P/T/D** Change Addition
1.2 NAME **FERNANDEZ, ILEANA A.**
1.3 STREET ADDRESS **1235 Pennsylvania Ave. 2-E**
1.4 CITY - ST - ZIP **Miami Beach, FL 33139**

TITLE **TD**
NAME **SERRANO, GLORIA M**
STREET ADDRESS **10175 COLLINS AVE, #204**
CITY - ST - ZIP **BAL HARBOR FL**

2.1 TITLE **V/S/D** Change Addition
2.2 NAME **SERRANO, GLORIA MORALES**
2.3 STREET ADDRESS **10175 Collins Avenue # 204**
2.4 CITY - ST - ZIP **Bal Harbor, FL 33154**

TITLE **VSD**
NAME **RICHARDS, RALPH**
STREET ADDRESS **1170 99TH ST., #1**
CITY - ST - ZIP **BAY HARBOR ISL. FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
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 secretary or a trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE: Ileana A. Fernandez, PRESIDENT

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

04-10-95 (305) 891-9786

(Date) (Telephone Number)