**FILED** 

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90160 040 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUI	MENT # K88885	5	,			,
<ol> <li>Corporation</li> </ol>	n Name					
FERGIS	TRAVEL SERVICE, INC.					
Principal Place	e of Business	Mailing Address				
6367 BIRD RD		6367 BIRD RD				
MIAMI FL 3315	5	MIAMI FL 33155				DO NOT WRITE IN THE CRACE
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 05/15/1989
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0154293 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired
22		27				Fee Required
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year Intangible
24	25		30			Personal Property Tax. Yes No
	9. Name and Address of Curren	t Registered Agent		81	Niera	10. Name and Address of New Registered Agent
FERI	NANDEZ, LYDIA A.			°'	Name	,
6367 SW 40TH ST				82	Street A	t Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33155				$\Box$	<u> </u>	<u> </u>
MICHAIN FL 55 155			ļ	83	ĺ	
			ţ	84	City	85 Zip Code
					Ĺ <u></u>	FL   S   Z   S   S
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statute of Florida. Such change was au	es, the at ithorized	bv .	-named of the corpor	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I ai	m familiar with, and accept the obliga	tions of, Section 607.0505, Flor	ida Statu	ites.		poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Hennan	<u> </u>				3/7/97
12.	Signature, typed or printed name of registered age	It and title if applicable. (NOTE:	Registered .	Agen	t signature red	e required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1,1 111	ı F	—¬	Change Addition
	FERNANDEZ, LYDIA A.		1.2 NA		-	
NAME	6367 SW 40TH ST					·
STREET ADDRESS	MIAMI FL				FADDRESS	·
CITY-ST-ZIP	D	☐ DELETE	1.4 CIT		[-ZIP	Change Addition
TITLE	_	□ Defete	2.1 ∏∏		- 1	Containe Containe
NAME.	FERNANDEZ, SEGUNDO J. 6367 SW 40TH ST		2.2 NA			
STREET ADDRESS					FADDRE\$S	•
CITY-ST-ZIP	MIAMI FL	Document	2, 4 CI		T-ZIP	Change [*] Addition
TITLE	D TEDMANDEZ LYDIA C	☐ DELETE	3,1 111			The state of the s
NAME	FERNANDEZ, LYDIA G.		3.2 NA			
STREET ADDRESS	6367 SW 40TH ST		3.3 STI	REET	FADDRES\$	·
CITY-ST-ZIP	MIAMI FL		3.4. CIT		T-ZIP	
TITLE		☐ DELETÉ	4,1 TIT		Ì	Change Addition
NAME			4, 2 NA			]. "
STREET ADDRESS					FADORESS	3
CITY-ST-ZIP			4.4 CFT		[-Z)P	
TITLE		☐ DELETE	5.1 TIT		]	☐ Change ☐ Addition
NAME			5.2 NA		-	*
STREET ADDRESS					ADDRESS	}
CITY-ST-ZIP			5.4 CIT		i-ZIP	<u> </u>
TITLE		DELETE	6.1 TIT		-	Change Addition
NAME !			6.2 NA	MΕ	- 1	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADORESS

CITY-ST-ZIP

G OFFICER OR DIRECTOR