

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 17 PM 3: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L22309 (3)**

1. Corporation Name  
**SAECA TRAVEL, INC.**

Principal Place of Business: **550 BILTMORE WAY  
9TH FLOOR  
CORAL GABLES FL 33134  
US**  
Mailing Address: **1200 SO. PINE ISLAND RD  
PLANTATION FL 33324  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/12/1989**  
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0148732**  
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

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt #, etc	26	Suite, Apt #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	County	29	County
30		30	

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
B5 Zip Code: **FL**

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 of agent or person named as registered agent and fee if applicable)

(NOTE: Registered Agent signature required when nominating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>DVP</b>
NAME	<b>FANJUL, JOHN A.</b>
STREET ADDRESS	<b>550 BILTMORE WAY</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>DT</b>
NAME	<b>GARMENDIA, GENARO J.</b>
STREET ADDRESS	<b>550 BILTMORE WAY</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>D</b>
NAME	<b>DIEZ-ARGUELLES, JULIO</b>
STREET ADDRESS	<b>550 BILTMORE WAY</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>P</b>
NAME	<b>PEREIRA, MANUEL</b>
STREET ADDRESS	<b>550 BILTMORE WAY 9TH FLOOR</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>S</b>
NAME	<b>NARO, JAMES G.</b>
STREET ADDRESS	<b>550 BILTMORE WAY</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.02(3)(b), 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: *James G. Naro*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James G. Naro** April 10, 1995 (305) 442-3405  
Secretary