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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90135 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L50313

1. Corporation Name

WINGS TOURS AND TRAVEL, INC.

Principal Place of Business

 717 PONCE DE LEON BLVD
 SUITE #321
 CORAL GABLES FL 33134
 US

Mailing Address

 717 PONCE DE LEON BLVD
 SUITE #321
 CORAL GABLES FL 33134
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1990

4. FEI Number

65-0237630

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 owes the current year Intangible
 Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address

 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

9. Name and Address of Current Registered Agent

BARROS, MARIA
509 MENDEZ AVE
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

MARIA BARROS

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

6820 SW 45th LANE # 3

83

84 City

MIAMI**FL**

85 Zip Code

33155

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.

(NO E: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

 TITLE ☐ DELETE
 NAME **PSTD**
 STREET ADDRESS **BARROS, MARIA**
509 MENDEZ AVENUE
 CITY-STATE-ZIP **CORAL GABLES FL 33146**

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

 TITLE ☐ DELETE
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 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 4/22/99 (305) 285-1972
 Date Daytime Phone #