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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L85800

(5)

CUBA EXPRESS TRAVEL, INC.

Mailing Address

2a. Mailing Address

26

Principal Place of Business 1722 WEST 68TH STREET HIALEAH FL 33014

2. Principal Place of Business

21

1722 WEST 68TH STREET HIALEAH FL 33014

FILED Jan 22 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date incorporated or Qualified 07/09/1990

65-0206790

4. FEi Number

22	Suite, Apt. #, etc.		-	Suite, Apt. #, etc.				5. Certificate of Stat	us Desired		Additional equired	
	City & State			City & State				6. Election Campaig	ın Financing		May Be	
23			28	28				Trust Fund Contri			to Fees	
	Zip	Country		Zip Co		ntry		8. This corporation of	owes or has paid t	he current year in	tangible	
24	1==1			0				Tax due June 30.		No		
g. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
MARTINEZ, HECTOR						81 Name						
1820 WEST 53RD STREET						82 Street Address (P.O. Box Number is Not Acceptable)						
APT. 504						_						
HIALEAH FL 33012						3						
					8	4 City				85 Zip	Code	
						<u> </u>		······································		<u>FL " " " " " " " " " " </u>		
11	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.											
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 reinstating) DATE												
12			D DIRECTORS	le. (NOTE:	13.	gent signatu	e required	ADDITIONS/CHAN			RS IN 12	
TITI		PST		DELETE		1.1 TITLE		-		Change	Addition	
NA				.,		1.2 NAME		STON HA.	NTINEZ	_		
STF	l l	20 W. 53RD ST., #504			1.3 STRE	ET ADDRESS	1/8	2000.53	BNA ST.	apt50	<i>يس</i> ر	
crr		LEAH FL			1,4 CITY	-ST-ZIP	14	Aleah FL	330/2			
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STF	EET ADDRESS				2.3 STRE	ET ADDRESS	1					
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NA	AE .				3.2 NAME	•						
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CIT	Y-ST-ZIP				3.4. CITY	-ST-ZIP						
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	EET ADDRESS					et address						
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NAM	-			DELETE	6.2 NAME					Crazige		
	EET ADDRESS					Et adoress						
	-ST-ZIP				6.4 CITY-						1	
		at the information supplied w	ith this filing doe	es not qualify for			ed in Se	ection 119.07(3)(i), Flor	ida Statutes. I furti	her certify that the	information	
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 younged, or on an attachment with an address.												
SIGNATURE: 1/12/98											1	
S	IGNATURE	: \ \ / · / · / · / · / · / · / · / · / ·		-/	· _ T.			11011	v			