

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$226 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

~~PROFIT~~  
CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

97 AUG 11 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L90451

(0)

1. Corporation Name

NEW PORT TRAVEL AGENCY INC.

**REINSTATEMENT 95-97**

Principal Place of Business

6191 WASHINGTON ST.  
HOLLYWOOD FL 33023

Mailing Address

6191 WASHINGTON ST.  
HOLLYWOOD FL 33023

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>07/25/1990</b>	3a. Date of Last Report <b>09/22/1994</b>
4. FEI Number <b>65-0237146</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

TINNIRELLA, DEBRA C.  
6191 WASHINGTON ST.  
HOLLYWOOD FL 33023

10. Name and Address of New Registered Agent

81 Name <b>Tinnirella Debra C.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>6191 Washington St</b>
83
84 <b>Hollywood</b>
FL 85 Zip Code <b>33023</b>

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]* **Debra Tinnirella** **8/22/95**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <del>JAGDEOSINGH, RADICA</del> <del>6191 WASHINGTON ST.</del> <del>HOLLYWOOD FL</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAGDEOSINGH, SITA 6191 WASHINGTON ST. HOLLYWOOD FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <del>JAGDEOSINGH, ADRIAN</del> <del>6191 WASHINGTON ST.</del> <del>HOLLYWOOD FL</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TINNIRELLA, DEBRA C. 6191 WASHINGTON ST. HOLLYWOOD FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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	<b>800002260800--5</b>
1.3 STREET ADDRESS	<b>-08/14/97--01051--004</b>
1.4 CITY-ST-ZIP	<b>***1080.00 ***1080.00</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>PD Tinnirella Debra C.</b>
4.3 STREET ADDRESS	<b>6191 Washington St.</b>
4.4 CITY-ST-ZIP	<b>Hollywood FL</b>
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Aug 22/95** **305-966-2165**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (3/95)