

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 27 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M10297

(3)

1. Corporation Name

SOLIMAR TRAVEL, INC.

Principal Place of Business

C/O MARY LOU KOLAKOWSKI
12000 N.E. 16TH AVENUE, M-1105
NORTH MIAMI FL 33161

Mailing Address:

C/O MARY LOU KOLAKOWSKI
12000 N.E. 16TH AVENUE, M-1105
NORTH MIAMI FL 33161

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/21/1985

3a. Date of Last Report

03/15/1994

4. FEI Number

59-2487918

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

21 12000 NE 16 AVE

Suite, Apt. #, etc.

22 M-1105

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

23 MIAMI FL

28 City & State

24 33161

Country

25 DADE

29 Zip

Country

30

9. Name and Address of Current Registered Agent

KOLAKOWSKI, MARYLOU
12000 N. E. 16 AVE, M-1105
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 the if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PSD
KOLAKOWSKI, MARY LOU
12000 NE 16 AVE, M-1105
NORTH MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V
KOLAKOWSKI, MARK
12000 NE 16 AVE, M-1105
NORTH MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T
MACDOUGALL, GAIL
12000 NE 16 AVE, M-1105
NORTH MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ 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 110.07(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:

Mary Lou Kolakowski

3/21/95 305-882-2207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Name)

(Telephone Number)

MARY LOU KOLAKOWSKI